**Performance**

**Report**

**1800 951 822**

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| Name: | Yeppoon Meals on Wheels Inc. |
| Commission ID: | 700663 |
| Address: | 66 William Street, YEPPOON, Queensland, 4703 |
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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 Quality Audit 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 Quality Audit Report received 6 May 2024

# 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 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **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.

* The organisation must ensure staff and volunteers are competent and qualified to undertake their roles.
* The organisation must ensure there are effective processes for training and equipping staff and volunteers to deliver the outcomes required by the Quality Standards.
* The organisation must establish effective processes to assess, monitor and review the performance of staff and volunteers.
* The organisation must ensure it promotes a culture of safe, quality services and is responsible for their delivery.
* The organisation must have effective organisation wide governance systems including in relation to:
  + information management
  + continuous improvement
  + financial governance
  + workforce governance
  + regulatory compliance
  + feedback and complaints.
* The organisation must have effective risk management systems and processes including in relation to:
  + managing high-impact and high prevalence risks
  + identifying and responding to abuse and neglect of consumers
  + managing and preventing incidents, including the use of an incident management system.

# Other relevant matters:

Yeppoon Meals on Wheels Inc. provides a meal delivery service funded under the Commonwealth Home Support Programme (CHSP) to approximately 104 consumers.

The Quality Audit conducted 17 April 2024 assessed the quality of services provided against the Aged Care Quality Standards. Standard 3 and Standard 5 were not included in the assessment as they do not apply to CHSP services that deliver meals at home.

# 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 stated staff were kind, caring and friendly and were respectful in their interactions. Consumers provided examples of how staff demonstrated respect by using their preferred name, waiting to be invited into the home or removing their shoes at the door. Documentation demonstrated a consumer-centred approach to service delivery that included the consumer’s cultural background, preferences and their likes and dislikes.

Staff and volunteers understood consumers and their histories, current living situations, and any special requirements and were able to provide examples of the consumer's past occupations and who they lived with and received support from. Consumers and representatives confirmed staff and volunteers understood consumers’ needs and preferences, and the service was delivered in a manner which made consumers feel safe.

Consumers said they felt supported to make decisions regarding the meals they received and gave examples of how they chose their meals and days and times for delivery. Volunteers described how they promoted consumer independence by ensuring consumers with sensory impairment were advised of what was in the meal, and by placing the meal and cutlery in the same spot.

While the service recommended appropriate meals for consumers with prescribed dietary needs such as low fat or low carbohydrate, they also respected the consumer's choice to have a regular diet.

Consumers stated all information received from the service was clear and easy to understand. Information can be emailed to consumers but was also provided in written form with their meals. This information included invoices, menus with order forms, and letters with updates about the service including details about holiday closures and options to order frozen meals to cover those days.

Documentation was stored in filing cabinets in a lockable office and staff confirmed the office was locked when staff were not in attendance. Run sheets were observed being returned to the office on the completion of each run and were stored securely. Volunteers understood the importance of privacy and confidentiality and their responsibilities in maintaining confidentiality. Consumers confirmed their privacy was respected and that volunteers understood their responsibilities in maintaining confidentiality. The service had a current confidentiality and privacy policy, and this was shared with consumers in their welcome pack.

For the reasons detailed, I find Standard 1 is Compliant.

# 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

Consumers and representatives stated the service delivered safe, nutritious, and quality meals in consideration of consumers’ individual risks including providing texture modified meals, meals free from specific allergens and diabetic friendly options. When consumers commenced with the service an intake interview was conducted and relevant medical and dietary information was recorded. Staff explained that any change was promptly updated on the consumer’s file, and transferred to the service delivery documentation, run sheets and kitchen lists. Kitchen staff were fully aware of the ingredients contained in each meal to ensure consumers’ individual needs were met.

Consumers and representatives stated the meals delivered met consumers’ current needs goals and preferences. They said consumers can change their preferences at any time and these changes are acted on promptly. Staff described the process for ensuring consumers’ individual needs and preferences were catered for. Current needs and preferences were recorded on the consumer's service delivery documentation, kitchen lists, and run sheets. Volunteers were aware of consumers’ individual preferences for their meals and any delivery instructions. Service delivery documentation and run sheets included information on what to do if a consumer did not answer when meals were delivered.

Consumers and representatives said they were involved in the planning of the meals they received and the time and days they are delivered. They confirmed they can update and review the consumer’s choices and preferences at any time.

Management said, and representatives confirmed that representatives are invited to participate in the assessment, planning and review of the consumer's services. Management stated they seek guidance from Home Care Package providers to inform the delivery of care for consumers where relevant.

The service maintained electronic records for each consumer which were updated as needed and delivery run sheets were generated daily from these records. Volunteers stated the run sheet provided them with all the information they required including the consumer's name, delivery address, meal preferences, and relevant delivery information. While the service did not regularly provide the consumer with a copy of their service plan, they were available on request. The service delivery documentation included any dietary requirements or preferences, delivery instructions, and what day meals are delivered. When meals were ordered this plan was updated with specific meal orders for each day.

Consumers and representatives stated they could contact the service at any time to inform them of changes in consumers’ needs, preferences, dietary requirements, or medical needs and evidence of this was seen in documentation. While the service encouraged consumers to notify them of any changes in their needs and updated consumer service delivery plans as soon as changes or requests occurred, the service relied on consumers to notify them of these changes. There was no formal review process in place and there were no policies or organisational guidelines relating to this. However, feedback from consumers and representatives was positive and staff and volunteers demonstrated a clear understanding of consumer's current needs and preferences. There was no evidence of any negative impact to consumers that related to the lack of formal assessment and review therefore this information will be given weight and considered further under Requirement 8(3)(d).

For the reasons detailed, I am satisfied Standard 2 is Compliant.

# 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 |

Findings

All consumers and representatives interviewed were extremely satisfied with the meals and service consumers received and stated the service helped consumers maintain their independence and optimise their health and well-being. Volunteers and staff described how the delivery was tailored to meet each consumers’ needs with some consumers requesting that meals be placed in certain places in the kitchen and on a particular shelf in the refrigerator; some consumers asked that staff and volunteers use key safes so meals can be left if a consumer was not at home.

Staff and volunteers expressed an understanding of the importance of providing a friendly service to consumers, specifically those who might be at risk of social isolation. Consumers shared the positive impact they felt from seeing friendly volunteers and said they enjoyed having someone drop in and have a quick ‘chat’.

Consumers and representatives confirmed the service offered flexibility and that consumers were able to easily change delivery days or put orders on hold to suit their plans. One consumer provided an example of how they had been away and were able to pause meal deliveries; they said meal delivery was easily resumed when they returned home. Management said that consumers can contact the office via phone, email, in person, or through the volunteers to make changes to deliveries to ensure the meal delivery does not impact their social networks or participation in the community.

Management described how changes to consumer needs and preferences were recorded in the consumer's service delivery documentation. The cook said changes they received were immediately updated in the kitchen records and on a white board in the kitchen. Volunteers said they were kept well informed about consumers’ needs and preferences and any changes are clearly stated in the daily run sheets. Consumers were confident that information was well communicated throughout the service and staff and volunteers were aware of their current needs including any changes.

Consumers were aware they could access additional support from other organisations if needed. Volunteers stated that if they observed a consumer was not managing well at home or was deteriorating, they would report it to the service office staff. Management were aware that in the event a consumer required additional services, they would recommend the consumer contact My Aged Care for assessment. Management also referred any deterioration, changes, feedback, or concerns to the consumer's representatives where appropriate or contacted the consumer directly to discuss.

Consumers and representatives provided positive feedback regarding the variety, quality, and quantity of meals. Many consumers shared they often have ‘leftovers’ they can save for the evening meal or that they keep the soup and dessert for the evening meal. All consumers interviewed were very satisfied with the quality of the meals, some stating the meals are better than they could ever cook themselves. Consumers were provided with a menu every 6 weeks with a different hot meal option each day. Consumers were happy with the variety of meals offered with some stating they never get bored with the meals as there is such a wide variety.

For the reasons detailed, I am satisfied Standard 4 is Compliant.

# 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

Most consumers and representatives said they would not hesitate to contact the service directly to provide feedback or make a complaint. Management said volunteers were instructed to seek feedback about the service when delivering meals to consumers and to report any feedback and complaints to the service coordinator. Volunteers said they mostly received compliments about the service, however in the rare event they received negative feedback or a complaint they would encourage the consumer to contact the service directly and inform the service coordinator. The service’s Client and Carers’ Guide provides instructions for consumers and representatives to provide feedback or make a complaint.

On commencement with the service consumers were provided with a ‘welcome pack’ that included contact information for advocacy groups and instructions for raising and resolving complaints through external organisations, such as the Aged Care Quality and Safety Commission.

Consumers and representatives provided examples of the service taking appropriate action in response to their complaints. Management provided examples of providing an apology when things went wrong and keeping the consumer and/or their representative informed of the complaint outcome. The service had recently implemented a feedback and complaints register which demonstrated appropriate action was taken when there was a problem with the meal service.

Staff provided examples of how feedback and complaints were used to improve the quality of care and services for the consumer. The meal plans developed by the service were informed by feedback and complaints and by the number of meals ordered by consumers, to identify any unpopular meals. Staff said they provided feedback to management regarding an increased number of consumers requiring specialised meals due to their dietary needs and preferences, and the service required additional cold storage to store the consumers’ meals. Staff said, and management confirmed, that additional cold storage equipment was approved and purchased. However, management said they do not have a formalised process for reviewing feedback and complaints to improve the quality of care and services. I have considered this information under Requirement 8(3)(c) as consumers and representatives were satisfied with complaints processes and examples of improvements made in response to feedback were provided. Additionally, the provider’s response stated the feedback and complaints register will be tabled for review and discussion at future committee meetings.

For the reasons detailed, I am satisfied Standard 6 is Compliant.

# 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Having considered the Quality Audit Report and approved provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied requirements 7(3)(c), 7(3)(d), and 7(3)(e) are non-compliant. Non-compliance is based on:

* The service does not have effective systems to ensure the workforce is competent and qualified to undertake their role.
* The service does not have an effective system for training staff to deliver the outcomes required by the Quality Standards.
* The service does not have effective systems to assess, monitor and review the performance of staff and volunteers.

I have made this decision based on the following analysis.

The Quality Audit Report identified the following evidence in relation to these requirements.

Requirement 7(3)(c)

The service did not have processes to identify required skills and competencies for each role, such as policies or position descriptions.

Management and staff said volunteers were involved in the preparation of meals for consumers requiring specialised diets including for example preparing meals for consumers who require a gluten free diet or for those consumers with allergies or intolerances. While volunteers were encouraged to complete the service’s food handling training it was not a mandatory requirement and most volunteers who assisted in the kitchen had not completed the training.

Management said the service’s electronic information system alerts coordinators when staff or volunteers’ competencies expire. They said volunteers were responsible for maintaining a current driver’s licence, vehicle registration and vehicle insurance. However, there were no established processes for effectively monitoring these requirements. A review of the system found the electronic information system did not accurately list all current staff and volunteers and identified that some did not have current drivers’ licences or police checks documented.

Management advised that those volunteers who do not have a current police check must be accompanied by another volunteer or staff member who has a current police check. However, there was no process in place to ensure this consistently occurs.

The Quality Audit Report demonstrates the service did not have an effective system for ensuring staff and volunteers had the skills and knowledge and were competent to undertake their role.

Requirement 7(3)(d)

The induction process requires that volunteers are provided with a Volunteer Handbook that outlines the role of the volunteer, their responsibilities in relation to emergency procedures, the code of ethics, and feedback and complaints processes. Management advised they do not have a supply of these handbooks and have not been providing the handbook to volunteers.

Management said Queensland Meals on Wheels distribute a weekly ‘Friday Fast Facts and News’ email which includes online learning modules for topics such as food safety hygiene, food transport, basic knife skills, code of conduct, and the Serious Incident Reporting Scheme. However, management said they do not distribute the email or online learning modules to staff/volunteers. Staff/volunteers said they have not received any training since they commenced with the service.

The Quality Audit Report demonstrates the service does not have an effective system for training staff to deliver the outcomes required by the Quality Standards.

Requirement 7(3)(e)

The service did not have policies or procedures to guide performance management activities. While a committee member said staff and volunteer performance was monitored by reviewing consumer feedback and complaints, recent meeting minutes failed to demonstrate that feedback and complaints were reviewed by the committee or that staff performance was discussed. Management advised there was no process for conducting regular assessment, monitoring and review of staff and volunteer performance and staff interviewed reported they had not participated in a performance review.

The Quality Audit Report demonstrates the service does not have effective systems to assess, monitor and review the performance of staff and volunteers.

The approved provider’s response to the Quality Audit Report

The provider’s response included a plan to address identified areas for improvement relevant to Standard 7. Actions include:

* Policies and procedures relevant to this standard are being developed and are to be tabled at the next committee meeting for approval.
* The service is securing resources from Queensland Meals on Wheels to support volunteers; information will include educational material, information relating to roles and responsibilities, and general information about the meal delivery service. Staff and volunteers will be required to send evidence of the completion of education/training to the service.
* Volunteer recruitment and induction processes will include a Volunteer Agreement, Confidentiality and Privacy Agreement, and the completion of a Volunteer Induction Checklist.
* Staff and volunteer requirements will be monitored through a software program, and they will be alerted when there is a need to provide updated information. Additionally, staff and volunteer competencies will be discussed and recorded at committee meetings.

I acknowledge the actions being planned by the provider; however, these actions are yet to be fully implemented and evaluated for effectiveness.

Requirements 7(3)(a) and 7(3)(b)

Most consumers and representatives said meals were delivered as per the delivery schedule and meals were of good quality and met consumers’ needs. Volunteers considered they had enough time to complete their tasks within the allocated time. Management said the service has a consistent and planned delivery schedule and will draw on the service’s 70 volunteers to deliver meals as per the schedule or assist in the kitchen as needed.

The workforce was discussed during bi-monthly committee meetings. Staff said they provided feedback during the last committee meeting and requested additional support in the kitchen to prepare meals for the increasing number of consumers with specialised dietary needs and preferences. Staff, a committee member and management confirmed that funding has been approved to recruit an additional staff member for this purpose and the service was actively recruiting for this position.

Consumers and representatives said staff and volunteers were approachable, kind, respectful and caring. Consumers commented that they trusted the volunteers to enter their home and it sometimes felt like a relative was coming to deliver their meals. Some consumers said they enjoyed having a chat with the volunteers and volunteers knew what was important to them. Volunteers and staff described how they treated consumers with dignity and respect by announcing themselves before entering and stopping for a chat if they had the time.

Based on the Quality Audit Report and the provider’s response, I am satisfied that:

* Requirements 7(3)(a) and 7(3)(b) are compliant.
* At the time of the Quality Audit, the service’s human resource systems and processes were ineffective in ensuring staff were competent, knowledgeable and effectively trained to perform their role, and that the performance of staff and volunteers was assessed, monitored and reviewed.
* The provider plans to undertake actions to address these deficiencies by providing staff and volunteers with information and education to support them in their roles, and by implementing processes to ensure staff have the required knowledge and skills. However, these actions will take some time to embed in practice and culture and be tested for effectiveness and sustainability.

For these reasons, I have decided requirements 7(3)(c), 7(3)(d) 7(3)(e) and the overall Quality Standard are non-compliant.

# 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. | Not 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. | 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

Having considered the Quality Audit Report and approved provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied requirements 8(3)(b), 8(3)(c) and 8(3)(d) are non-compliant. Non-compliance is based on:

* The organisation was not able to demonstrate an effective system for promoting a culture of safe, inclusive, quality services.
* The organisation was not able to demonstrate effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.
* The organisation was not able to demonstrate effective risk management systems or practices for identifying and managing risk or responding to the abuse and neglect of consumers. The service was also not able to demonstrate an established incident management system to manage or prevent incidents.

Requirement 8(3)(b)

The Quality Audit Report found the organisation was not able to demonstrate an effective system for promoting a culture of safe, inclusive, quality services and for being accountable for their delivery. The service did not have policies or procedures to guide staff in delivering safe, inclusive, quality services. The organisation did not have an established incident management system. Staff did not receive education to support safe service delivery. While management said there was a staff code of conduct displayed within the service, there were no processes for ensuring staff and volunteers were made aware of the document.

The service’s feedback and complaints register was recently introduced in April 2024 and mechanisms to formally review feedback and complaints had not been established at the time of the Quality Audit.

Requirement 8(3)(c)

The Quality Audit Report found the organisation was not able to demonstrate effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

Information systems were not effective and did not provide members of the workforce access to information to support them in their role including for example policies and procedures, or position descriptions. Current and accurate incident data was not available to inform organisational decision making and mechanisms to monitor drivers’ licences, insurances and police checks were ineffective.

Continuous improvement systems and processes were not embedded in the organisation. While a continuous improvement register was implemented in the fortnight prior to the Quality Audit it was immature in its development and at the time of the Quality Audit had not demonstrated the completion of any improvement initiatives. Mechanisms to capture feedback, complaints and incident data to inform continuous improvement initiatives were not in place.

The organisation did not have effective mechanisms to manage finances. The organisation did not have policies or procedures to support staff in relation to financial governance. While governance committee meeting minutes demonstrated the committee reviewed the service’s profit and loss statements and approved major expenditure, there was no budget for day-to-day operational costs. Staff advised there was no budget to purchase food; although they reported they made every effort to contain costs. Management could not explain how financial expenditure was monitored or reviewed.

Workforce governance systems and processes were not effective and did not support the organisation in ensuring the workforce was skilled and knowledgeable and could deliver safe, quality services. Refer to Standard 7 for further information.

The organisation did not maintain effective processes to ensure it complied with relevant legislation and regulatory requirements. For example, management and staff were not aware of their responsibilities in relation to review of consumers’ service plans, processes were not in place to effectively track and monitor police checks, incident reporting mechanisms were not effective, and staff and volunteers had not received training to support them in their roles. For further information refer to Standard 2 and Standard 7 and other requirements under Standard 8.

Management advised that a feedback and complaints register was recently implemented however the Quality Audit Report found the organisation had not yet established mechanisms to formally review feedback and complaints to improve the quality of care and services. Committee meeting minutes identified, and a committee member confirmed, the governing body did not have access to complaints data to inform ongoing planning and decision making. Refer to Standard 6 for further information.

Requirement 8(3)(d)

While the organisation was able to demonstrate consumers are supported to live the best life they can, it was not able to demonstrate effective risk management systems or practices for identifying and managing risk or responding to the abuse and neglect of consumers. The service was also not able to demonstrate an established incident management system to manage or prevent incidents. For example:

* The organisation did not have policies and procedures to guide staff and volunteers in relation to risk management systems and processes including risk identification and mitigation and reportable incidents.
* Staff and volunteers said they had not received education in incident management processes, including how to identify and respond to abuse and neglect, or the Serious Incident Response Scheme.
* Management did not have a shared understanding of their responsibilities in relation to incident reporting, including the Serious Incident Response Scheme.
* Examples of incidents that had occurred were brought forward in the Quality Audit Report; these had not been documented as incidents and had not been investigated to identify risks and possible risk mitigation strategies.

The approved provider’s response to the Quality Audit Report

The provider’s response included a plan to address identified areas for improvement relevant to Standard 8. Actions include:

* Policies and procedures relevant to Standard 8 are being developed and will be provided to all relevant parties, providing instruction for the workforce to follow, including in areas such as incident management and the Serious Incident Response Scheme.
* A monthly newsletter is being developed to provide staff and volunteers with information about their roles, responsibilities and training requirements.
* An electronic program to record continuous improvement, incidents, feedback and complaints is now in use. Information is being tabled at the committee meetings held every two months.
* A copy of the code of conduct has been sent to all staff and volunteers; a register is being maintained of staff and volunteers who have signed that they have read and understood the document.
* A regular review of the service’s compliance with its regulatory requirements is planned.
* A day-to-day budget will be developed.

Requirement 8(3)(a)

Staff said consumers were invited to participate in the service’s annual general meeting and were invited to evaluate the services provided. Volunteers were encouraged to seek consumer feedback about the meals or service delivery when delivering meals to consumers. Volunteers said they reported the feedback they receive to the service and encourage the consumer to contact a service coordinator directly. Most consumers and representatives said they would not hesitate to contact the service directly to provide feedback or make a complaint.

Based on the Quality Audit Report and the provider’s response, I am satisfied that:

* Requirement 8(3)(a) is compliant.
* At the time of the Quality Audit, the governing body was not promoting a culture of safe, quality care. Governance systems were not supporting the organisation to drive improvement in relation to the quality and safety of the services delivered and effective risk management systems and processes had not been established.
* The provider plans to undertake actions to address these deficiencies by strengthening governance systems, improving information and reporting processes and developing policies, procedures, guidance and educational material for the workforce. However, these actions will take some time to embed in practice and culture, and be tested for effectiveness and sustainability.

For these reasons, I have decided requirements 8(3)(b), 8(3)(c) and 8(3)(d) and the overall Quality Standard are non-compliant.

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