Performance

Report

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| Name of service or service group: | Performance report date: |
| Yeronga Meals on Wheels | 8 July 2022 |
| Commission ID: | Activity type: |
| 700351 | Quality Audit |
| Home Service Provider: | Activity date: |
| Yeronga Meals on Wheels Incorporated | 24 June 2022 to 28 June 2022 |

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 Yeronga Meals on Wheels Incorporated (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

* Meals, 4-80UC11U, 17 School Road, YERONGA QLD 4104

# Material relied on

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

* the assessment team’s report for the quality audit; the Assessment Team 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 6 July 2022.

# 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 | **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.

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| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. |
| 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. |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

## Findings

The Assessment Team interviewed consumers and representatives, statements made showed they are always treated with dignity and respect. During interviews with the Assessment Team consumers and representatives said staff and volunteers are polite, respectful, and go beyond what their role entails. During interviews with the Assessment Team staff and volunteers, staff and management stated they show respect to the consumers by stopping to have a conversation when they deliver meals and all interviewees stated the service has a consumer-centred approach to providing services.

The Assessment Team interviewed consumers and representatives’ statements made show services are delivered in a way that makes consumers feel safe and respected. Interviews the Assessment Team conducted with staff revealed staff did not know what the term ‘cultural safety’ meant, having said that statements provided, and evidence analysed showed they demonstrated cultural safety in practice and showed immense respect for individual consumers’ backgrounds and diversity. During interviews with the Assessment Team staff and management demonstrated that they knew consumer needs and preferences and evidence analysed showed that cultural needs and preferences are captured when signing up for the service and would be communicated in run sheets where appropriate.

Consumers and representatives interviewed by the Assessment Team stated that they feel supported in making decisions about their meal service. The Assessment Team analysed evidence which showed the service cycles through a 6-week menu and consumers can contact the service if they want to enquire about meals on a particular day or place a specific order. The Assessment Team interviewed management during these interviews’ management stated consumers are prompted to communicate any food dislikes when signing up for the service, preferences are then noted on electronic consumer files and communicated to the kitchen. Consumers and representatives interviewed stated they receive written information about their services in a way that is clear and easy to understand. Consumers representatives interviewed stated the service enables them to make choices about their meal services, so they understand what they will be receiving on a particular day.

Consumers and representatives interviewed stated staff respect their meal choices and generally understand what is important to them. Assessment Team Interviews revealed though management could not provide a specific example demonstrating dignity of risk in action, they knew what the term meant and recognised its importance in maintaining independence for the consumer.

Management stated during interviews with the Assessment Team that consumers personal details and information are stored securely in a locked filing cabinet and on an electronic database. Consumers and representatives stated during interviews with the Assessment Team they feel their privacy is respected when meals are delivered.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as six of the six requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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

Evidence analysed by the Assessment Team showed the service undertakes assessments by having consumers complete an intake form when first engaging with the service. Evidence analysed showed the document specifies their personal information, such as name, address, and date of birth, additionally, it asks consumers whether they have any special dietary requirements, such as allergies or general dislikes. Evidence analysed showed the information obtained on this form is then transferred to an electronic file.

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning consistently included the identification of risks to the consumer’s safety, including hearing and vision impairment, mobility limitations and cognitive impairment. Evidence analysed showed where risks have been identified, strategies are documented to guide staff and volunteers in providing service to the consumers.

Consumers and representatives interviewed stated that the meal service meets their current goals, needs and preferences. Consumers and representatives stated if they receive a meal they do not enjoy, they can request not to receive that meal again in the future. Additionally, consumers stated during interviews they have the option to change the way they receive their meals to suit their preferences.

Consumers and representatives interviewed by the Assessment Team stated they feel involved in the planning of their services. Consumers and representatives stated they could contact the office or speak to volunteers if they would like to make variations to their meals on any day. Evidence analysed by the Assessment Team showed how a consumer’s special dietary requirements, such as allergies and general dislikes, are communicated to the kitchen.

Evidence analysed by the Assessment Team showed consumer service plans are provided in the form of a delivery run sheet, the run sheet contains appropriate information such as consumer names, addresses, and any specific instructions related to their delivery. Volunteers interviewed by the Assessment Team stated that the run sheets have all information required to deliver appropriate services to consumers. The Assessment Team analysed delivery run sheets and their specific instructions and found them suitable and sufficient.

Evidence analysed by the Assessment Team showed the service demonstrated that a formal process for reviewing care and services is in place. Evidence analysed showed consumer review forms request personal identifiers, emergency contact details, updates to living arrangements, whether the consumer or representative would recommend Meals on Wheels (MOW) to a friend and has additional space for any comments the consumer and representative may wish to include.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as five of the five requirements have been assessed as compliant.

# Standard 3

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

The standard is not applicable and therefore was not assessed.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

## Findings

Consumers and representatives interviewed by the Assessment Team stated that they receive safe and effective services that support their needs and optimise well-being. During interviews with the Assessment Team consumers and representatives stated the service enables them to remain independent and meet dietary needs and preferences. During an interview with the Assessment Team Consumer A reported that getting meals delivered is excellent, as she doesn’t have to worry about cooking and knows she and her husband will get a nutritious meal. Consumer A stated that without MOW, she might be unable to retain her independence.

Consumers and representatives interviewed by the Assessment Team stated that both staff and volunteers at the service are friendly, kind and interactions improve emotional and psychological well-being. During interviews with the Assessment Team volunteers recognised the importance of visits to consumers and stated that stopping to have a discussion with each individual can significantly improve their well-being.

Consumers and representatives stated during interviews with the Assessment Team that the service delivers services flexibly, allowing them to participate in their community and do things of interest to them. Management and staff provided examples during interviews with the Assessment Team demonstrating how the service alters service to meet consumer needs on a day-to-day basis, this was supported by evidence analysed by the Assessment Team which showed notes on consumer files from previous instances where service must be changed to align with consumer preferences.

Volunteers and kitchen staff interviewed by the Assessment Team stated that information about the consumer’s condition, needs and preferences is communicated to them where appropriate to fulfilling their role. Volunteers and kitchen staff interviewed by the Assessment Team stated that information such as a change to delivery instructions is shared clearly and easily understandable. During interviews with the Assessment Team management described the process for making alterations to consumer orders and communicating this to volunteers and kitchen staff. The Assessment Team observed evidence on the run sheets and in the kitchen, including specific instructions where a consumer requires an alternative meal. The Assessment Team noted the service demonstrated that information regarding changes to consumer preferences is appropriately communicated and actioned.

The Assessment Team identified the service could not provide a specific example of referring a current consumer to a provider of other care and services, the Assessment Team noted management demonstrated appropriate knowledge of steps to take should a referral be necessary. Management stated to the Assessment Team that in cases where the condition of a consumer has deteriorated, this is responded to by contacting the appropriate representatives. Management stated if the consumer does not have representatives, management stated they would contact Queensland MOW for advice and assistance.

The Assessment Team interviewed volunteer delivery drivers who were able to demonstrate a general knowledge of appropriate steps to follow should they identify a consumer who requires additional support. Volunteers stated during interviews as part of the role, they get to know consumers quite well and would notice a change in their condition and if a deterioration were to be seen, they would contact the Service Coordinator to ensure information is passed on to the appropriate parties.

Majority of consumers and representatives interviewed stated meals provided were of suitable quality and quantity and had sufficient variety week-to-week. Consumers and representatives stated during interviews with the Assessment Team that the food meets their nutritional needs and preferences. Evidence analysed by the Assessment Team showed that consumers’ dietary needs and preferences are adhered to, and the service actively seeks feedback on food quality.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as six of the six applicable requirements have been assessed as compliant. Requirement 4(3)(g) is not applicable and therefore not assessed.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 |
| 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 |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

## Findings

The standard is not applicable and therefore was not assessed.

**Standard 6**

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| Feedback and complaints | | CHSP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Evidence analysed by the Assessment Team showed consumers and representatives are encouraged and supported to provide feedback and make complaints. The Assessment Team noted based on statements obtained during interviews while the majority of consumers and representatives expressed satisfaction with the service and had not needed to raise a complaint, they feel comfortable and safe providing feedback and/or making a complaint. During interviews with the Assessment Team management described how the service supports consumers and representatives to make complaints and provide feedback, including using satisfaction surveys and feedback provided to volunteer drivers by consumers when they receive their meal delivery.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers and representatives are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints. Consumers and representatives interviewed have either an advocate for themselves or have family or a representative who advocate on their behalf.

Evidence analysed by the Assessment Team showed the service demonstrated appropriate action is taken in response to individual complaints and an open disclosure process is used when things go wrong. Evidence analysed by the Assessment Team showed that most consumers who have provided feedback or made a complaint are satisfied with the action taken to resolve their complaint. The Assessment Team noted while management and staff did not have a shared understanding of open disclosure, the service demonstrated an open disclosure process is used when things go wrong.

Evidence analysed by the Assessment Team showed while there is a complaints policy in place, there is no information about open disclosure and training in complaints management and open disclosure is not provided by the service. However, during interviews with the Assessment Team management described how they apologise to consumers when they make a complaint, take appropriate action and communicate the outcome to consumers. This was consistent with statements made by consumers who were interviewed by the Assessment Team who had raised concerns or made a complaint previously. Statements and feedback from consumers during interviews with the Assessment Team demonstrated they are satisfied with actions taken by the service.

Evidence analysed by the Assessment Team showed the service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives interviewed by the Assessment Team said there had been improvement in the delivery of meals when they had raised complaints with the service. During interviews with the Assessment Team management described how they record, analyse and act on feedback and complaints to improve the quality of their meal service.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as four of the four requirements have been assessed as compliant.

**Standard 7**

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| Human resources | | CHSP |
| 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 |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not compliant |

## Findings

The Assessment Team analysed evidence which showed the service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Standards. Evidence analysed showed processes are not effective in ensuring the workforce receives the ongoing support, training and professional development they need to carry out their roles and responsibilities in delivering services to aged care consumers. Examples of the service not meeting this requirement include:

Staff and volunteer staff training records were not provided by the service during the quality audit nor were they provided in the providers response to the Assessment Teams Report. The Assessment Team identified no evidence to show the management, staff or volunteers had received the following training relevant to the Standards, including but not limited to:

* Complaints management, open disclosure and advocacy.
* Current and accredited first aid certification.
* Training in the Quality Standards and the practical application relevant to the role and responsibilities.

The Assessment Team analysed evidence that showed that criminal history checks are undertaken by all staff and volunteer staff, however the Assessment Team identified one volunteer delivery driver whose police check had expired.

Evidence analysed by the Assessment Team showed the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Evidence showed the service does not conduct performance reviews to evaluate the performance and development needs of staff. Evidence analysed by the Assessment Team showed the service has a policy in place to support the outcomes of this requirement, however statements during an interview with the Assessment Team showed management acknowledge and are aware that regular assessment, monitoring and review of the workforce does not occur. Staff and volunteer personnel files and information was not available for the Assessment Team to review and was not accessible by management at the service.

Management stated during interviews with the Assessment Team how they informally review volunteer performance and adherence to policies and procedures when they pick up meals to be delivered and/or work in the office.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is planned to enable the delivery and management of safe and quality services. Evidence analysed showed Yeronga MOW has a funded a Service Coordinator position that oversees day-to-day operational delivery of meals and deals with consumer queries and concerns. Evidence analysed showed the coordinator is supported by a kitchen assistant and 19 volunteer delivery staff.

During interviews with the Assessment Team consumers and representatives provided statements that show their interactions with staff, are kind, caring and respectful of them as an individual. Volunteer delivery staff were able to provide examples to demonstrate how they treat each consumer respectfully and are aware of their individual preferences and food requirements during interviews with the Assessment Team. The Assessment Team interviewed management during these interviews’ management provided evidence of how the service respects consumers’ individual needs and applies a flexible and responsive approach to the needs and preferences of consumers.

Evidence analysed by the Assessment Team showed the workforce is competent and have the qualifications and knowledge to effectively perform their roles. During interviews with the Assessment Team consumers and representatives stated they have confidence in the workforce and believe the workforce is competent and skilled enough to fulfil their role. During interviews with the Assessment Team the workforce stated how they work within their skills, qualifications and knowledge base.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as two of the five requirements have been assessed as not compliant.

## Standard 8

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| Organisational governance | | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| 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 |
| 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 |
| 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

Evidence analysed by the Assessment Team showed the service did not demonstrate effective governance systems relating to workforce governance and regulatory compliance. Evidence analysed showed the service did demonstrate effective systems in relation to information management, continuous improvement, financial governance and feedback and complaints.

Evidence analysed by the Assessment Team showed staff and volunteers do not receive the ongoing support, training, professional development and feedback they need to meet the needs of aged care consumers and deliver the outcomes the Standards describe. Evidence analysed showed the service did not demonstrate an effective system in place to regularly evaluate how management, staff and volunteer staff are performing their role. Refer to Standard 7.

Evidence analysed by the Assessment Team showed while the service has a system for monitoring workforce criminal history checks for staff and volunteers, the Assessment Team identified one volunteer staff with an expired police check. Management confirmed that this particular volunteer is regularly unsupervised during their delivery run, therefore requiring a current police check. This is further discussed in Standard 7.

The evidence analysed by the Assessment Team showed the service demonstrated that consumers and representatives are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives interviewed expressed satisfaction with the quality of the service and have input as to how the service is delivered to meet their diverse needs.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Evidence analysed showed the service provides results of incidents, individual consumer surveys and complaints and feedback information to the organisation. Evidence analysed showed the organisation uses this information to oversee the delivery of safe, inclusive, quality care.

Evidence analysed showed the organisation has a risk management framework, policies, procedures, and an incident management system (IMS) for identifying high-risk consumers who are receiving meal delivery services. Evidence analysed by the Assessment Team showed incidents are responded to, reported and investigated by the service through the IMS to support consumers to live the best life they can. During interviews with the Assessment Team management and staff could describe the high impact or high prevalence risks associated with the consumer cohort appropriate within the context of service delivery. Evidence analysed by the Assessment Team showed where risks are identified for consumers, they are monitored, and action is taken if a risk has increased. Evidence analysed showed the service demonstrated systems and processes driven by the governing body to prevent and control the risks associated with COVID-19.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as one of the four applicable requirements have been assessed as not compliant. Requirement 8(3)(e) is not applicable and therefore not assessed.

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-2)