**Performance**

**Report**

**1800 951 822**

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| Name of service: | Yeronga Meals on Wheels |
| Service address: | 17 School Road YERONGA QLD 4104 |
| Commission ID: | 700351 |
| Home Service Provider: | Yeronga Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 3 November 2022 |
| Performance report date: | 23 November 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 (**the service**) has been prepared by A.Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**CHSP:**

* Meals, 4-80UC11U, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-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. | **Non-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. | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| 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 applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** |

Findings

The outcome from a Quality Audit conducted from 24 June to 28 June 2022, found the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team that completed this Quality Audit found based on evidence analysed processes were identified as ineffective in ensuring the workforce receives ongoing support, training and professional development. The Assessment Team completing this Assessment Contact on 3 November 2022, re-examined evidence to identify if processes had improved.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective training processes. The Assessment Team noted required training for staff comprised of food safety and hygiene, food transport, harassment and discrimination, workplace bullying and workplace safety. The Assessment Team analysed an email dated 21 September 2022, that reminded staff of the required training modules to be completed. During interviews with the Assessment Team the service coordinator acknowledged that neither they nor the kitchen hand had undertaken the allocated units of training required by the organisation. During interviews with the Assessment Team staff could not provide evidence of completion of food safety and hygiene or food handling training and stated this training had not been completed. The service coordinator when interviewed by the Assessment Team stated cardiopulmonary resuscitation and first aid training is to be offered soon, but has not yet been provided to staff and/or any interested volunteers.

Management when interviewed by the Assessment Team stated training on the Aged Care Quality Standards had been undertaken on 14 July 2022, by two staff and three volunteers since the Quality Audit and comprised of a one-hour training session with completion of a question/knowledge check workbook and correction by the session facilitator. The service coordinator when interviewed by the Assessment Team stated they and the kitchen hand had completed the course online, however the Assessment Team found their workbooks had not been collected and the coordinator could not recall if correction of the workbook answers had occurred during the session.

Evidence analysed by the Assessment Team showed the first aid policy states management will ensure suitable personnel are appointed, receive suitable training and be provided with the skills to maintain basic life support in case of critical injury. Management when interviewed by the Assessment Team stated the first aid and basic life support training are still pending with no confirmed date.

Evidence analysed by the Assessment Team showed staff training policy identifies staff are to complete the staff training needs self-assessment prior to their performance review. Management when interviewed by the Assessment Team acknowledged regular monitoring and assessment does not occur.

Evidence analysed by the Assessment Team showed the staff recruitment policy includes the requirement for police checks to be completed prior to commencement however, does not include frequency of renewal. Management when interviewed by the Assessment Team explained the organisation requires three yearly renewal and renewal due dates are included in the police check register.

The outcome from a Quality Audit conducted from 24 June to 28 June 2022, found the service did not demonstrate that regular assessment, monitoring and review of performance occurred for each member of the workforce. The Assessment Team that completed this Quality Audit found based on evidence analysed the service was not conducting regular performance reviews to evaluate performance and identify development needs of staff. The Assessment Team completing this Assessment Contact on 3 November 2022, re-examined evidence to identify if regular performance reviews had improved.

During interviews with the Assessment Team the service coordinator acknowledged they did not have evidence to demonstrate how the organisation is prioritising the regular assessment, monitoring and review of staff performance. The Assessment Team analysed the organisation’s staff performance review policy (last updated 19 July 2017) which includes the procedure to conduct annual performance reviews. However, the Assessment Team notes the service coordinator could not provide evidence that performance reviews have occurred and said since commencing employment over 20 years ago, they and the kitchen hand have not had any performance review.

During interviews with the Assessment Team the service coordinator advised the organisation had planned to initiate regular staff performance reviews in September 2022, however this did not eventuate. During interviews with the Assessment Team a compliance and human resources coordinator further referenced challenges with staff shortages and unplanned leave which impacted on the prioritisation of performance review processes.

During interviews with the Assessment Team the service coordinator was not able to describe any informal performance review process for staff or confirm that informal reviews have occurred. The service coordinator when interviewed by the Assessment Team outlined how they informally review volunteer performance by ensuring adherence to policy and procedures, and that volunteers follow instructions as required.

# 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. | **Not applicable** |
| 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 applicable** |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | **Non-compliant** |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | **Not applicable** |
| Requirement 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 that workforce governance systems and process to ensure the workforce is trained, supported and developed to deliver safe and quality care and services to consumers. Evidence analysed by the Assessment Team showed the service now demonstrated systems ensure the service complies with regulatory compliance obligations.

*Information management*

Evidence analysed by the Assessment Team showed the services information management systems are in place. Fifteen of fifteen consumers and/or representatives interviewed by the Assessment Team were satisfied with information provision and said documents including service flyers and invoices contain relevant information that is clear to them. Four of four volunteers interviewed by the Assessment Team expressed satisfaction with the relevance and sufficiency of information provided, including delivery ‘run’ sheets and information handbooks. The service coordinator when interviewed by the Assessment Team described how information is stored electronically and in hard copy. Evidence analysed by the Assessment Team showed the service has policy and procedures, dated 2017, that guide information management including confidentiality and privacy, consent to share information and a social media policy.

*Continuous improvement*

Evidence analysed by the Assessment Team showed the service has a plan for continuous improvement that identifies planned improvements. Management when interviewed by the Assessment Team confirmed improvements are identified through consumer feedback and complaints and through organisational initiatives. The Assessment Team noted while the continuous improvement register has not been updated since the Quality Audit completed between 24 to 28 June 2022, management provided evidence to the Assessment Team of improvements in progress. For example, a new consumer intake form currently in draft, now includes information about the consumer’s advocate or secondary contact and a small environmental safety checklist to improve staff and volunteer safety during meal delivery.

*Financial Management*

Evidence analysed by the Assessment Team showed the service demonstrated a system to ensure oversight of the financial management of the service. The service coordinator when interviewed by the Assessment Team described a range of payment processes and how consumer payments, deposit summaries and bank reconciliation forms are reported regularly to the Finance Manager at the Meals on Wheels South East Brisbane Hub. Evidence analysed by the Assessment Team showed the Finance Manager notifies the service when money has been paid into the account and consumer notes are then updated by the service coordinator to reflect payments. Evidence analysed by the Assessment Team showed the service provides invoices to consumers as appropriate and showed financial governance occurs.

*Workforce governance, including the assignment of clear responsibilities and accountabilities.*

Evidence analysed by the Assessment Team showed the service did not demonstrate the workforce is trained, supported and developed to deliver safe and quality care and services to consumers. Staff operating the Meals on Wheels service when interviewed by the Assessment Team could not provide evidence of food safety/food handling training and said this training had not been completed. The Assessment Team noted while management has identified and directed staff to complete five modules of mandatory training that include food safety and hygiene, the two-service staff have not yet commenced any of the training. Evidence analysed by the Assessment Team showed cardiopulmonary resuscitation and first aid training has not been provided to staff and any interested volunteers. Management when interviewed by the Assessment Team stated they are working towards staff training.

Evidence analysed by the Assessment Team showed the performance of each member of the workforce is not regularly assessed and monitored. While fifteen of fifteen consumers and representatives interviewed were satisfied with staff and volunteer performance, the Assessment Team noted staff have not had formal or informal performance reviews in the past twelve months and the service coordinator said none had ever occurred. Evidence analysed by the Assessment Team showed volunteer performance is monitored by service coordination staff through the feedback and complaint system and through day to day contact. However, the organisational compliance and human resource coordinator when interviewed by the Assessment Team confirmed performance reviews for paid staff have not occurred. Further evidence is documented within Standard 7 of this document.

*Regulatory compliance*

Management when interviewed by the Assessment Team described how regulatory and legislative changes and updates from peak government bodies are communicated through Queensland Meals on Wheels or the General Manager South East Brisbane Hub. Evidence analysed by the Assessment Team showed the service now has processes and procedures to manage regulatory compliance, including current police certificates for all staff and volunteers and a COVID -19 vaccination register.

*Feedback and complaints*

Evidence analysed by the Assessment Team showed the service has an effective feedback and complaint system that proves complaints are documented and actioned in a timely manner. Evidence analysed by the Assessment Team showed few complaints about the meal service are received, with only two on file since the Quality Audit that took place between 24 to 28 June 2022. The Assessment Team noted both complaints have been actioned to the satisfaction of the complainants. Evidence analysed by the Assessment Team showed the complaints and feedback register shows an open disclosure process is used, and the action section heading details ‘always start with an apology’. Fifteen of fifteen consumers interviewed by the Assessment Team stated in various ways that they are satisfied with feedback and complaint processes.

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)