**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: | 29 May 2023 |
| Performance report date: | 1 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Yeronga Meals on Wheels (**the service**) has been prepared by M Cooper, 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 7 Human resources | Non-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 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.

Requirement 7(3)(d)

* The Provider must implement policies and procedures to ensure that its workforce is recruited, trained and equipped to deliver the outcomes required by the Aged Care Quality Standards
* The Provider must ensure that its workforce is able to describe how they give input and feedback about their training and support needs
* The Provider must implement policies and procedures to ensure that all staff have completed mandatory training including safe food handling and first aid certificates

# Standard 7

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

Findings

Requirement 7(3)(d)

It is noted that this Approved Provider is a Meals on Wheels service and is providing meals to 52 consumers. In reviewing the Commonwealth Home Support Programme manual it is clear that the Provider must comply with relevant Commonwealth and state legislation in relation to safe food handling practices. Further to this the workforce involved in the preparation and handling of food must adhere to safe food handling practices including personal hygiene and cleanliness and must be provided with information regarding food handling as it relates to their activities. The Assessment Team reports that the Approved Provider could not provide evidence that its workforce had been trained in food safety and food handling with the Provider confirming that this training had not been completed. Management stated that the board decided that the training of volunteers was not necessary and training was only to be mandatory for paid staff. The Commonwealth Home Support Programme manual requires that staff and volunteers with direct care roles with responsibility for the safe delivery of services to clients or groups of clients, receive current an accredited first aid certification.

Requirement 7(3)(e)

The Assessment Team reports that the Approved Provider has appropriate processes in place to assess, monitor and review staff performance. Formal performance reviews have occurred in the last 6 months, allowing the staff member to request additional training and discuss whether they enjoy their role. Additionally, it allows management to identify areas for improvement and discuss performance overall. Management stated that regular informal discussions are conducted with each staff member and volunteer.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 7(3)(d).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the previous two non-compliant requirements remains non-compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

Information management

The service has demonstrated that it has sufficient information management systems and processes. Feedback from staff and volunteers demonstrated they access information when they need it to undertake their role safety and effectively. Documents reviewed showed that the workforce is provided with appropriate information and the Provider has effective systems in place that maintain and stores information for consumers and ensures privacy and confidentially is consistently maintained.

Continuous improvement

The Provider demonstrated that feedback from consumers/representatives is welcomed and demonstrated how it documents complaints using a ‘Complaints and Feedback Register’. The register demonstrated that the Provider takes actions to resolve complaints where appropriate and documents their outcomes to inform continuous improvement.

Financial governance

The Provider demonstrated that it has effective governance systems related to financial governance. The service demonstrates processes to manage the finances and resources.

Workforce governance, including the assignment of clear responsibilities and accountabilities

Evidence provided to the Assessment Team confirms that staff are supported to receive ongoing support, training, and professional development to meet the needs of Aged Care Consumers. Documentation provided outlined that staff’s performance is reviewed and further training/developmental opportunities are identified.

Regulatory compliance

The Provider demonstrated that it has effective systems related to regulatory compliance by providing up to date Client Handbooks and consumers are provided with relevant documents such as the Service Agreement, Charter of Aged care Rights and information on raising feedback and complaints. The service demonstrates that they follow relevant legislation in relation to consumer privacy.

Feedback and complaints

The service demonstrated effective governance systems related to complaints and feedback. The Service has consistent processes for managing and addressing complaints made to the service by consumers and uses this feedback to inform continuous improvements. The service currently uses an effective ‘Complaints and Feedback Register’ though soon will be moving to the Incident Register format. Evidence provided suggest that the current Feedback and Complaints System as well as the Incident Register captures a diverse range of incidences that show evidence of action taken to improve the consumer’s experience.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with the requirement 8(3)(c).

The Quality Standard for the as not all requirements were assessed in Standard 8, an overall rating of compliant cannot be given.

The overall rating for the Quality Standard for the Commonwealth Home Support Programme services is not applicable as not all requirements have been assessed, one requirement that was previously identified as non-compliant has now been assessed as compliant.

1. The preparation of the performance report is in accordance with section 68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)