Performance

Report

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| Name of service: | Performance report date: |
| Ashgrove Meals on Wheels | 10 August 2022 |
| Commission ID: | Activity type: |
| 700562 | Quality audit |
| Approved provider: | Activity date: |
| Ashgrove Meals on Wheels Incorporated | 10 June 2022 to 14 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 Ashgrove Meals on Wheels (**the service**) has been considered by J Zhou, 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

* CHSP - Meals, 4-7ZENSVL, 524 Waterworks Road, ASHGROVE QLD 4060

# Material relied on

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

* The Assessment Team’s report which was informed by observations at the service, review of documents and interviews with staff, consumers/representatives and others.

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# Assessment summary

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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 as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

Based on the Assessment Team’s findings during their quality audit of the service, sampled consumers reported that they are treated with dignity and respect, can make informed choices about their care and live the life they choose.

Consumers can make choices about their meal service, such as which days they receive deliveries and whether they would like an alternative meal to what is on the menu.

A review of documentation and interviews with staff and volunteers demonstrated a service delivery focused on respect and dignity of the consumer. The workforce demonstrated an understanding of consumers on an individual level. For instance, a consumer spoke of the service volunteers offering to assist with light duties such as taking out the rubbish and bringing in the mail while the consumer recovered from an injury.

With respect to consumer privacy, Management stated, and the assessment team observed that consumer personal details and information is stored securely in a locked filing cabinet and on an electronic database. Consumers reported that they feel their privacy is respected when meals are delivered. The organisation only enters the consumer’s residence if requested and ensures they seek permission before entering.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

According to the Assessment Team’s quality audit information, sampled consumers felt involved in planning their services and confirmed that it meets their current needs, goals, and preferences.

The Assessment Team observed evidence of ongoing partnership with the consumer, including where changes had to be made to the delivery of services. The outcomes of assessment and planning are communicated in a way that is clear and easy to understand. For instance, the service’s initial intake form and other planning documentation consistently includes the identification of risks to the consumer’s safety, including hearing and vision impairment, mobility limitations and cognitive impairment. Where risks have been identified, strategies are documented to guide staff and volunteers in providing service to the consumers.

Consumers are regularly kept updated on the status of their care and services, including receiving regular invoices where payment is made via direct debit.

The Assessment Team observed, and the service recognised that a process for formally reviewing care and services is not in place. For instance, while the organisation could not demonstrate that a formal process for reviewing care and services is in place, the Assessment Team observed evidence of ongoing partnership with the consumer and outreach where circumstances may have changed.

Though outreach was not conducted as a formal review, information such as consumer feedback and changes to preferences were generally captured. I note this deficiency is identified in the organisation’s Plan for Continuous Improvement (PCI), and the service maintains regular informal contact with consumers, updating services where appropriate.

# Standard 3

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| Personal care and clinical care | | Not-applicable |
| Requirement 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 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 |
| Requirement 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 |
| Requirement 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 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 Assessment Team did not assess Standard 3 as the service does not provide personal care or clinical care. This standard was not applicable to this quality review

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

## Findings

According to the Assessment Team’s quality audit report, they found that sampled consumers stated the services they receive support their daily living in a way that optimises their independence, well-being and quality of life. For this service, this means its consumers felt that the meals delivered were tailored to their needs and preferences, and the meal service enables them to remain independent and meet dietary needs and preferences.

There was evidence to demonstrate that the service promotes the consumer’s emotional wellbeing. For instance, 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. This was corroborated by a consumer telling the Assessment Team that while they recovered from a leg injury, the meal service meant that consumer could have a conversation with someone which was a psychological benefit to that consumer.

Management demonstrated that the organisation has a culture of inclusivity that recognises the importance of social interaction. For example, the service conducted a cooking class that several consumers were invited to attend. Additionally, the service has organised several ‘let’s do lunch’ events recently, where volunteers and other individuals are invited to have lunch with a consumer.

Documentation and interviews with the workforce demonstrated that the organisation modifies services according to consumer preferences. The Assessment Team observed communications between the organisation and consumers, evidencing that the service conducts outreach to see whether consumers enjoy their meals.

The service demonstrated that appropriate referrals to individuals and providers of other services take place where applicable. For example, management described interactions with a previous consumer, who commented on issues with their lawn maintenance. In response, the organisation connected the consumer to an individual who runs a lawn mowing business in the area.

# Standard 5

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

## Findings

The Assessment Team did not assess Standard 5 as the organisation does not provide a service environment . This standard is not applicable to this quality review.**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Assessment Team found that overall sampled consumers/representatives considered the service encourages and supports them to give feedback and make complaints. Consumers/representatives stated they are aware of how to provide feedback or make a complaint and felt supported to do so. They advised they would generally provide feedback by contacting the office. Consumers said they are routinely asked for feedback by delivery volunteers and/or when they contact the office to discuss any changes to meals or delivery arrangements.

The service provides information to consumers/representatives on internal and external complaints mechanisms and advocacy services in the handbook and in an information brochure. A list of useful contact details for a variety of community, health and government services is listed at the back of the handbook

A review of documentation and interviews with management confirmed that when things go wrong, an apology is given and actions are taken to reduce a recurrence. The Service Manager demonstrated, and file notes confirmed, open disclosure is practiced when consumers make a complaint, appropriate action is taken in response, and complaints are resolved to the satisfaction of consumers.

The organisation demonstrates it seeks input and feedback from consumers/representatives and the workforce and uses this information to inform continuous improvement activities. A review of documentation evidenced complaints and feedback are escalated to the Service Manager; and are recorded in the complaints register and actions taken by the service to resolve the complaint are documented, including communication with the consumer and representative.

**Standard 7**

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

## Findings

The Assessment Team found that overall sampled consumers/representatives considered the service delivery is well planned, the workforce is competent, kind, caring and meals are delivered in a way that is respectful of consumer’s identify, culture and diversity. In particular, sampled consumers/representatives provided positive feedback about the Service Manager and Chef, giving examples of when these staff have ‘gone above and beyond’ to meet the needs and preferences of consumers. Meanwhile, the workforce said they have sufficient time and information to undertake the meal preparation and delivery service in a safe and efficient manner. The Service Manager advised they fill any shift vacancies from a pool of emergency volunteers or staff cover the shift themselves.

While the Assessment Team identified some deficiencies in knowledge in some areas relevant to providing services to aged care consumers, the staff and volunteers have the skills and knowledge needed to effectively perform their roles in the provision of a meal delivery service.

A review of documentation and interviews with management and the mainly volunteer workforce confirmed guidelines and training support the delivery of services according to consumer preferences.

The organisation demonstrates it has a workforce that is sufficient and has the appropriate skills and knowledge to support the delivery of safe and quality services. The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. While the service does not undertake a formal review of the volunteer workforce, management described how they regularly monitor their performance through observation and feedback from other volunteers, consumers and representatives. When required, management said they discuss any performance concerns with volunteers face to face in the office.

**Standard 8**

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| Organisational governance | | Compliant |
| 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. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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

The Assessment Team’s quality audit found that overall sampled consumers/representatives considered the organisation is well run and partners with them to ensure the meals are delivered in a way that meets their needs, goals and preferences. Consumers/representatives provided examples of where they have provided feedback to the service, including through surveys and speaking to volunteers and staff. Consumers expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their diverse needs

A review of documentation and interviews with management and the mainly volunteer workforce confirms there are procedures and guidelines that support the delivery of services according to consumer preferences and safety. For instance, The Committee has been engaged in the changes made to deliveries in response to the COVID-19 pandemic; ensuring the continuity of services while maintaining the safety of volunteers and consumers.

The service’s governing body are accountable for the delivery of safe and quality care and services. The governing body drives and monitors improvements to make sure the service is committed to quality service provision and the best interests of consumers. The Assessment Team sighted evidence of effective information processes at play such as:

* run sheets used for meal delivery includes sufficient detail to enable the workforce to undertake their role safely and effectively.
* ongoing continuous improvement programs such as the ‘Let’s do Lunch’ initiative which allows for the volunteer to review the consumer’s needs while they engage over a meal.
* financial governance systems and processes to manage the finances and resources required to deliver a safe and quality meal delivery service. Consumers have the option of paying by bank transfer, cheque or cash.
* a system to work out workforce numbers and the range of skills they need to meet consumer’s needs and preferences.
* regulatory compliance systems and processes to ensure the service is complying with relevant legislation, regulatory requirements and guidelines. While the Assessment Team had noted not all committee members and staff had up to date criminal history checks, the service attended to this deficiency during the quality audit.
* systems and processes to document consumer feedback and use it to improve outcomes for consumers.

The Assessment Team was also satisfied the organisation has an effective risk management system for the management of risks (such as risk associated with COVID-19, high impact or high prevalence risks and more) associated with delivery of meals to consumers.

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)