Performance

Report

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| Name of service or service group: | Performance report date: |
| Bega Valley Multi Service Outlet | 01 July 2022 |
| Commission ID: | Activity type: |
| 200386 | Quality audit |
| Home Service Provider: | Activity date: |
| Bega Valley Meals on Wheels Co-operative Ltd | 24 May 2022 to 26 May 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 Bega Valley Multi Service Outlet (**the service**) has been prepared by J Taylor, 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, 4-7XONTVI, 101-103 Bega Street, BEGA NSW 2550
* Social Support - Group, 4-7XONTYB, 101-103 Bega Street, BEGA NSW 2550
* Social Support - Individual, 4-7XONU14, 101-103 Bega Street, BEGA NSW 2550
* Flexible Respite, 4-7XONTSP, 101-103 Bega Street, BEGA NSW 2550

# 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 14 June 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 | **Non-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 | **Compliant** |
| **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

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.

# 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.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked the workforce how they ensure consumers are treated with dignity and respect and reviewed relevant documents.

Consumers and representatives interviewed stated that consumers are treated with dignity and respect, they felt staff and volunteers understood their needs and preferences and services are delivered in a way that enables them to feel safe and respected. Consumers and representatives interviewed confirmed consumers feel supported to make their own decisions about the meals services they receive and gave examples of how the organisation supports consumers to be as independent as possible.

Consumers and their representatives said they receive written information in a way they can understand and that enables them to make informed choices. This included, invoices, menu order forms, activity schedule and a regular newsletter. For example, a consumer told the Assessment Team they “receive an invoice for their meals once a month and they pay it by credit card and its simple.”

The workforce demonstrated an understanding of individual consumers and the organisation demonstrated consumers are provided enough information to make informed choices. Activity staff interviewed described the risk assessment conducted for outings and described how activities would be changed to accommodate consumers. For example, changes were made to a walking route to accommodate consumers with four wheeled wakers.

The Assessment Team observed respectful interactions between consumers and staff and analysed evidence which showed access to electronic records in the information management system required employee credentials and a password to access. Evidence analysed showed the service has privacy, confidentiality and security of information policies and procedures in place and are covered as part of mandatory training.

# 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. | Non-compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked the workforce how assessment and planning is undertaken in partnership with the consumer and reviewed care documentation.

Consumers and representatives interviewed said they are happy with the service they receive, they are involved in the planning of the service they receive and that it meets their current needs, goals and preferences.

Interviews with the coordinator and the workforce, confirmed there are processes in place to deliver safe and effective services that addresses each consumer’s needs, goals and preferences and they described how services are reviewed for individual consumers however this is not reflected in consumer documentation.

The service’s policy and procedure manual states care plans will be reviewed annually at a minimum and when there is significant change to the client’s needs or circumstances and the outcomes of these reviews will be recorded by staff in the data base case notes. Care plans reviewed did not indicate regular reviews occur nor was it clear that changes made based on consumer needs changing are documented consistently.

In response to the Assessment Report, the service advised that all consumer care plans are planned to be reviewed at a minimum annually and when there is significant change to consumers’ needs or circumstances. The outcome of these reviews will be recorded by staff in the services data base case notes.

In considering the evidence supplied and the services response against the intent of the Requirement 2(3)(e), I have decided that while the service has committed to a number of actions to become compliant with the ongoing and unscheduled review of consumers care plans, it will take time to embed into standard practice. I therefore find that this Standard is Not Compliant at this time.

# Standard 3

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| Personal care and clinical care | CHSP |

## Findings

Standard 3 is assessed as not applicable as the service does not provide personal and clinical care.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked the workforce how they ensure consumers are provided with the services and supports that are important to their wellbeing and reviewed relevant documents.

Consumers and representatives interviewed considered they get the services and supports for daily living that are important for their health and well-being and that enable them to live as independently as possible and enjoy life. For example:

Consumers receiving meals stated in various ways, their satisfaction with the meals provided, the variety of options available and easy process to make changes to meals.

Consumers interviewed stated staff and volunteers are kind and friendly and consumers shared stories on what receiving the service means to them.

A consumer spoke about being referred to the service after their spouse passed away. They said they attend activities they enjoy and collect the meals they request from the service. They said the staff know them well and they have a chat when they are collecting meals.

For this service, this means consumers are delivered meals according to their needs, goals and preferences and access to social support activities and individual support activities that are meaningful.

A review of documentation and interviews with the coordinator, staff and management, confirmed there are processes that support staff to deliver the services according to the consumer’s preferences and in a way that ensures consumers feel socially connected and can have control over their lives.

# 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. | Compliant |
| 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. | Compliant |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team visited the social support group and observed consumers participating in morning tea, group activities and preparing for a bus outing. The Assessment Team interviewed staff and consumers at the centre.

Consumers interviewed said they enjoy attending the social group and they feel welcome. Consumers described how attending activities at the centre has enhanced their sense of belonging, independence and enjoyment. For example:

Consumers were observed moving independently around the centre and it was noted it was easy for consumers to enter and exit the service.

Interviews with the workforce confirmed they know the consumers well.

The Assessment Team observed a clean, well maintained environment that is safe and comfortable for consumers and noted an up-to-date cleaning schedule indicating all tasks were dated and marked as complete and the date the fire blanket was last checked.

**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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with consumers, staff and volunteers and reviewed documentation relating to feedback and complaints management.

Consumers interviewed confirmed they are encouraged and supported to provide feedback and make complaints. Most consumers and their representatives said they did not have any concerns about the service and have not needed to make a complaint. They said they know how to provide feedback or make a complaint and felt comfortable contacting the service and speaking with management should they need to. For example:

A number of consumers confirmed the service consistently seeks feedback and all consumers interviewed said while they had no concerns with the service, they were confident to raise any concerns.

The service demonstrated they take appropriate action to ensure consumers and representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints. This includes support to access alternative, external complaints handling options. This was supported with brochures and posters displayed at the service. The service demonstrated how feedback and complaints are reviewed to improve the quality of services.

Staff interviewed confirmed that while feedback and complaints may not be consistently recorded, an apology would be made to a consumer if an error is identified.

In response to the report, the service confirmed the capture of feedback and complaints will be recorded in the services management systems.

**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. | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Assessment Team interviewed consumers and their representatives and reviewed the service’s survey results. The feedback from consumers and representatives demonstrated that consumers receive safe, quality care and services by kind, caring and respectful staff and volunteers.

The service has an ongoing recruitment and marketing process to ensure enough staff are available to deliver scheduled care and services and has contingency plans in place when available staff impacted, specifically management and board members assisting with delivery of meals during the pandemic and natural disasters.

The organisation regularly reviews the skills, qualifications and competencies of the workforce and has an orientation and training program to regularly assess, monitor and review the performance of each member of the workforce.

The service ensures the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Standards.

**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. | 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

Requirement 8.3(e) has not been assessed as not applicable as the service does not provide clinical care.

Consumers and representatives interviewed considered the service is well run and that they are involved in the delivery of care and services.

The Assessment Team reviewed the results of the two most recent consumer surveys and spoke with management regarding the outcome of the survey results. For example:

Feedback was sought from consumers regarding the engagement of a new food supplier. Consumers surveyed advised the quality of the food was “terrible”, so the service discontinued with that supplier and immediately engaged a new supplier that consumers are happy with.

Feedback from consumers and representative indicated credit card payment facilities would be supported. This was subsequently implemented and is now a payment option.

The service’s governing body demonstrated they are accountable for the delivery of safe and quality care and services. Management interviewed described how the service actively networks with local aboriginal land councils to enable an understanding of the needs of consumers who identify as aboriginal.

The Assessment Team spoke with management, staff and Board members and reviewed relevant systems and processes relating to the organisational governance. The service demonstrated it has effective organisation wide governance systems in place for managing and governing all aspects of services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.

The service demonstrated it has effective organisation wide governance systems, including effective risk management systems. Management stated key risks to the organisation include, bushfires, floods and COVID-19 with the impact on consumers being they may not receive meal deliveries. They said the geographical location of the service and its consumers adds another layer of complexity however they have put measures in place to ensure continuity of services. For example:

An emergency action plan pertinent to the geographical location. Management advised this plan won an innovation award from New South Wales MOW.

The purchase of a freezer truck and a portable freezer that can be towed. this enables the meal service to continue during unprecedented events.

Staff interviewed described how they conduct a risk assessment each time they visit a consumer or when they attend the service, they said this includes risk of abuse and neglect. The aged care coordinator provided an example where a consumer was identified as at risk and they reported this to management who referred this to a specialist agency.

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)