**Performance**

**Report**

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| Name of service: | Boonah District Meals on Wheels |
| Service address: | Boonah Hosp 11-17 Leonard Street BOONAH QLD 4310 |
| Commission ID: | 700398 |
| Home Service Provider: | Boonah District Meals on Wheels Inc |
| Activity type: | Quality Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 3 April 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 Boonah District Meals on Wheels (**the service**) has been prepared by J. Bayldon, 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:**

* Community and Home Support, 24281, Boonah Hosp 11-17 Leonard Street, BOONAH QLD 4310

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a 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 | Non-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 | **Non-compliant** |
| **Standard 7** Human resources | **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 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. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | 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;   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   managing and preventing incidents, including the use of an incident management system. | Non-compliant |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

At the time of the performance report decision the service was:

* Ensuring that consumers are treated with dignity and respect with their individuality and diversity valued.
* Demonstrating practises that ensure delivery of culturally safe consumer care and services.
* Evidencing consumers are informed and supported to make choices and maintain their independence, including supporting consumers to take risks to live the best life they can.
* Evidencing practises that ensure consumer privacy is respected and protected.

At the time of the performance report decision the service was not:

* Providing information that is current, accurate and timely to enable consumers to exercise choice.

At the time of the quality audit, consumers/representatives said they do not receive written information that enables them to make informed choices. The service was able to evidence that it provides receipts for consumers who pay cash in person, however consumers that pay via direct debit did not receive invoices or statements for their payments. Staff that were interviewed confirmed that not all consumers receive invoices or monthly statements.

Staff evidenced that the service does also not provide menus to consumers or representatives, resulting in meals being received by consumers without knowing what they will be.

Management acknowledged the deficiency and agreed that it would be beneficial for consumers and representatives to have access to menus to know what meals will be received and that documentation by way of invoices and statements is essential to clearly outline what meals have been received and paid for. The management committee said they would investigate introducing these changes to the service.

Acknowledging the comments made by the service, at the time of the performance report decision, I find the service to be non-compliant with requirement 1(3)(e).

# Standard 2

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

At the time of the performance report decision the service was:

* Demonstrating embedded processes to consider, identify, and mitigate consumer risks during assessment and planning.
* Evidencing consumers are involved and engaged in the assessment and planning of their own services.
* Demonstrating that the outcomes of assessment and planning are communicated with consumers and those they wish to be involved in the process.

At the time of the quality audit, consumers said they can communicate with management and volunteers for any changes and advised that they are grateful for the service. Some consumers interviewed said they were hesitant to let the service know of their current needs and preferences.

Management acknowledged their awareness to some consumers possibly hesitating to update the service about their needs and preferences. Management also acknowledged that whilst formal reviews and assessments are not undertaken on an annual basis, that informal discussions take place with consumers during meal deliveries. Management explained that updates are made to consumer files at the time of delivery along with when consumers/representatives contact the service in relation to any changes that are required.

Acknowledging the comments made by the service, at the time of the performance report decision, I find the service to be compliant with requirements 2(3)(b) and 2(3)(e).

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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

This Standard was not relevant to the quality review as the provider does not provide clinical or personal care being that it is a meal delivery service.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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

At the time of the performance report decision, the service was:

* Demonstrating the delivery of safe and effective services and supports for consumers, to improve and promote their health, well-being and quality of life.
* Demonstrating practises that support consumers emotional, spiritual and psychological well-being.
* Demonstrating support to consumers that enables community participation, maintaining of social and personal relationships and supports their independence.
* Evidencing effective communication within the service and with other organisations where consumers’ needs, or preferences involve shared care.
* Evidencing timely referrals are completed to optimise consumers quality of life.
* Evidencing meals are of a suitable quality and quantity, supporting the nutritional needs of consumers to maintain health and well-being.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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

This Standard was not applicable to the quality review as the provider does not provide a physical service environment.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

At the time of the performance report decision, the service was:

* Encouraging consumers/representatives to provide feedback and make complaints.
* Evidencing consumers have access to advocates, language services and are aware of the methods for raising and resolving complaints.

At the time of the performance report decision, the service was not:

* Responding to complaints appropriately ensuring an open disclosure process is used when responding to feedback and complaints.
* Ensuring feedback and complaints are reviewed to improve the quality of care and services to consumers.

Consumers/representatives interviewed provided positive feedback about the service they receive from the provider. Management, however, were not able to demonstrate that they have an effective system for complaints or feedback management. Whilst management acknowledged that they discuss feedback from consumers, there was no evidence that feedback or any complaints from consumers are recorded by the service.

Staff were not aware of term ‘open disclosure process’ and what the term meant. This was further evidenced following a review of the services’ feedback and complaints policy, which does not define or outline the term in any detail. Meeting minutes reviewed also did not show a standing item for consumer feedback and complaints where these items were discussed. I therefore find the service non-compliant with requirements 6(3)(c) and 6(3)(d) at the time of the performance report decision.

# 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. | 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

At the time of the performance report decision, the service was:

* Prioritising the delivery of essential services when there is unavailability of staff due to unexpected leave and contacting consumers regarding changes to the delivery of services.
* Respecting each consumer’s identity, culture, and diversity.
* Monitoring and reviewing the performance of the workforce to ensure workforce members are competent, have the qualifications and knowledge to perform their roles effectively.
* Providing the workforce with the resources and training required to deliver quality care and services.
* Evidencing that service staff performance is monitored, managed, and assessed regularly and episodically when the need arises

# 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. | 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. | 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. | Non-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

At the time of the performance report decision, the service was:

* Engaging consumers in the development, delivery and evaluation of care and services.
* Demonstrating its governing body is accountable for service delivery and a culture of safe, inclusive and quality care.

At the time of the performance report decision, the service was not:

* Evidencing effective organisation wide governance systems.
* Utilising effective risk management systems and practices to support consumers to live the best life they can.

The service was able to demonstrate that it ensures consumer information is secure and sufficient information is shared with those involved in the consumers’ care. Management was able to evidence that staff and volunteers have position descriptions and a clear understanding of their roles and responsibilities.

The service, however, does not have a formal procedure in place for continuous improvement and is unable to monitor trends and undertake quality improvement processes as it does not maintain a feedback and complaints register.

The service was able to evidence financial governance systems and processes to manage the resources necessary to deliver a safe and quality service. Consumers, however, do not have oversight of their spending as they do not receive statements or invoices. Management acknowledged and said they would look to introduce monthly statements to support consumers in the understanding of their spending with the service.

Management was able to demonstrate its awareness of Serious Incident Response Scheme (SIRS) but had not yet considered the impacts as the relate to the service, nor educated themselves and their volunteers on their responsibilities. Records provided by the service with respect to police checks, were not maintained in accordance with the requirements as listed in the CHSP Manual.

Reviews of the policies and procedures provided by the service indicate that all incidents, injuries (including near misses), must be reported. The service, however, does not have or maintain and incident management system (IMS) in place to record such events. A review of management committee minutes identified that no incidents have been reported or discussed and further discussions with management showed no evidence of any reported incidents or injuries being appropriately managed by the service.

I therefore find that at the time of the performance report decision, the service was non-compliant with requirements 8(3)(c) and 8(3)(d).

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)