**Performance**

**Report**

**1800 951 822**

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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: | Assessment Contact - Desk |
| Activity date: | 28 August 2023 |
| Performance report date: | 10 November 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 M Abjorensen, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by the review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 13 September 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **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

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 | | CHSP |
| 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 |

Findings

Requirement (3)(e) was found to be non-compliant following a Quality Audit undertaken from 1 March 2023 to 3 March 2023, as the service was unable to demonstrate:

* Information provided to consumers was current, accurate, timely, clear or easy to understand, and enabled them to exercise choice.

The Assessment Team’s report for the Assessment Contact undertaken on 28 August 2023 demonstrated that the Assessment Team were satisfied that at the time of the assessment the Provider is supplying consumers with current, accurate and timely information that is relevant to each consumer, is easy to understand and allows them to exercise choice. The Assessment Team presented the following evidence relevant to my finding:

* The Provider has implemented a change to send weekly tax invoices to consumers that itemise meals received and clearly advise the cost of services for that week. Consumers expressed satisfaction with this process and advised they find the information clear and easy to understand.
* Consumers are provided with a folder, upon commencement with the service, that contains information on Aged Care reforms, the Serious Incident Response Scheme (SIRS), the Aged Care Charter of Rights, advocacy brochures and the service’s Client Rights and Responsibilities document.
* A regular newsletter is sent to consumers that advises of any changes to the service in a timely, easy to understand manner.
* Consumers advised that they have access to appropriate staff via phone calls if they require additional information regarding their services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(e) in Standard 1 Consumer Dignity and Choice.

**Standard 6**

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| Feedback and complaints | | CHSP |
| 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

Requirements (3)(c) and (3)(d) were found non-compliant following a Quality Audit undertaken from 1 March 2023 to 3 March 2023, as the service was unable to demonstrate:

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team’s report for the Assessment Contact undertaken on 28 August 2023 demonstrated that the Assessment Team were satisfied that at the time of the assessment the Provider is taking appropriate action in response to complaints and practising open disclosure, and feedback and complaints are being reviewed and used to improve the quality of care and services.

The Assessment Team presented the following evidence relevant to my findings:

6(3)(c)

* The Provider was able to offer examples of consumer complaints and their process for managing these. This includes;
  + Recording of complaints on the Provider’s feedback register
  + Reviewing of complaints in regular staff meetings
  + The documentation of the complaint resolution process
  + The documentation of the outcome, the response to consumers and consumer satisfaction
* Monthly staff meetings have a standing agenda item to address feedback and complaints.
* The Provider maintains feedback and complaints policy and procedures which outlines processes for addressing complaints promptly and describes open communication practices to keep the consumer informed of outcomes.
* The Provider was able to describe open disclosure and how it used in their complaints handling process. Management advised that the current feedback and complaints policy is currently being reviewed and includes specific information and guidance on the use of open disclosure.

6(3)(d)

* The Provider was able to offer examples where consumer feedback and complaints have been used to improve the quality of care and services. For example;
  + Following feedback from a consumer that they were unable to determine how many meals they had been charged for, the service implemented a change where weekly invoices are now issued which provides itemised meals delivered and costs associated for each service
  + Volunteers who deliver food are required to inform the service of any feedback regarding meals and this information is documented on the feedback register and used to review services
* The Assessment Team reviewed documentation that demonstrated that feedback and complaints are discussed at monthly board meetings which drives changes to services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints.

# 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 |
| 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 |

Findings

Requirements (3)(c) and (3)(d) were found non-compliant following a Quality Audit undertaken from 1 March 2023 to 3 March 2023, as the service was unable to demonstrate:

* Effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Effective risk management systems and practices.

8(3)(c)

The Assessment Team’s report for the Assessment Contact undertaken on 28 August 2023 demonstrated that the Assessment Team were satisfied that at the time of the assessment the Provider has effective organisation wide governance in relation to information management, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team’s report for the Assessment Contact undertaken on 28 August 2023 demonstrated that the Assessment Team were not satisfied that at the time of the assessment the Provider has effective organisation wide governance in relation to continuous improvement.

The Provider’s response dated 13 September 2023 addresses the Assessment Team’s finding of ineffective organisation wide governance in relation to continuous improvement.

The Assessment Team and the Provider presented the following evidence relevant to my findings:

Regarding information management:

* The Assessment Team found all consumer information is stored securely and electronic data is password protected and access is only available to relevant staff. At the point of care, all relevant information is available to staff and volunteers that details risks and mitigation strategies for each consumer.

Regarding continuous improvement:

* The Assessment Team found that, at the time of the assessment contact, although the Provider was able to provide examples where improvements have been made via various methods, they were not actively planning continuous improvement, did not maintain a continuous improvement plan and did not have any policies or procedures for continuous improvement.
* The Provider’s response to the Assessment Team report, dated 13 September 2023 included a copy of their new Continuous Improvement Plan that was implemented following the assessment contact. The plan includes issues identified, planned actions to address issues, identifies the staff member responsible, the planned completion date and final outcomes. It is currently populated with continuous improvement initiatives for completion in late 2023 and early 2024. A copy of Management Committee minutes was also provided which details the implementation of the Continuous Improvement Plan and moves to include this as a standing agenda item for future meetings.

Regarding financial governance:

* The Assessment Team found that effective processes were in place for the invoicing of services that ensures each consumer receives accurate and clear information regarding charges for their provision.
* The Provider demonstrated, during the assessment contact, that they have effective financial reporting processes within their organisation and also to meet their obligations as a CHSP provider.

Regarding workforce governance:

* The Assessment Team found that the Provider has effective systems and processes in place to ensure that the workforce is competent and are trained and supported to deliver the outcomes required under the Aged Care Quality Standards. The Provider ensures that all staff and volunteers have clear information provided around their specific roles and responsibilities.

Regarding regulatory compliance:

* The Assessment Team found that the Provider had introduced a number of improvements following the Quality Audit of March 2023 in relation to regulatory compliance. Including;
  + A review of the currency of all staff and volunteer police checks. At the time of the Assessment Contact these were all up to date and the Provider had implemented practices for the regular review of this
  + The Provider had developed and implemented a new SIRS policy to guide volunteers delivering meals to consumer homes
* The Assessment Team was satisfied that the Provider is using effective methods to ensure they stay up to date with regulatory changes and are making this information available to staff and volunteers of the service.

Regarding feedback and complaints:

* The Assessment Team found that the Provider is utilising an effective feedback and complaints register and that they are empowering staff and volunteers to gather and provide feedback from consumers.
* The Provider is taking appropriate actions in responding to feedback and complaints and practising open disclosure.
* The Provider is reviewing feedback and complaints to identify areas for improvement in the service and to inform the ongoing delivery of services to consumers.

8(3)(d)

The Assessment Team’s report for the Assessment Contact undertaken on 28 August 2023 demonstrated that the Assessment Team were satisfied that at the time of the assessment the Provider has effective risk management systems and practices.

The Assessment Team presented the following evidence relevant to my findings:

* In response to the outcomes of the Quality Audit in March 2023, the service has implemented an incident management system which captures incidents as they occur
* The Assessment Team, through interviews and documentation were able to be satisfied that the Provider is recording, escalating and conducts analysis of incidents to manage and prevent further occurrences. The Provider demonstrates an understanding of SIRS processes and how and when to report any serious incidents.
* A recent example was provided where a near miss occurred involving a volunteer delivering meals to a consumer. The Assessment Team was able to identify that effective use of the incident management system occurred and that the Provider worked with the consumer and their family, using open disclosure methods, to resolve the incident
* The Assessment Team, through interviews and documentation review were able to be satisfied that the Provider is managing high level and high prevalence risks effectively and is providing this information to volunteers delivering services
* Meeting minutes reviewed by the Assessment Team demonstrate that incidents are discussed at board level and any follow up or mitigation strategies determined are recorded in the minutes.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and Provider’s response. Whilst continuous improvement practices were deficient at the time of the Assessment Contact, I am satisfied that this has since been corrected and is operating effectively.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and 3(d) in Standard 8, Organisational Governance.

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)