**Performance**

**Report**

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| Name: | Boyne Tannum Meals on Wheels |
| Commission ID: | 700392 |
| Address: | 10 Canoe Point Road, TANNUM SANDS, Queensland, 4680 |
| Activity type: | Quality Audit |
| Activity date: | 6 June 2024 |
| Performance report date: | 11 July 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8089 Boyne Tannum Meals on Wheels Service Incorporated  
Service: 24287 Boyne Tannum Meals on Wheels Service Incorporated - Community and Home Support

**This performance report**

This performance report for Boyne Tannum 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, 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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **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

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)(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

Consumers/representatives said the service is delivered in a respectful way which maintains consumers dignity. Delivery run volunteers described how they engage respectfully with consumers and how they view each consumer as a unique individual.

Management was able to identify consumers who came from diverse backgrounds and explain how they support these consumers to communicate their needs and preferences. The service was able to evidence documentation that provided to consumers from diverse backgrounds as part of the onboarding process.

Consumers/representatives explained they were able to communicate any desired changes with the service. Documentation reviewed by the Assessment Team evidenced updates and communication of changed consumer preferences.

The service was able to provide examples of how it supports consumers to make informed decisions about consuming or reheating meals. Consumers were able to provide examples of how the service supports them to take risks in relation to their meals by informing them of risks to enable the consumer to make choices.

Consumers said the information they receive from the service is clear and easy to understand. The service was able to demonstrate a range of methods how they communicate to consumers and their representatives.

Consumers confirmed volunteers do not talk about other consumers in the service and respect their personal privacy. Volunteers were able to explain privacy management and their responsibilities for maintaining consumer confidentiality. A review of care documentation evidenced that consumer care plans had signed privacy agreements. The agreements outlined what information was collected and stored, as well as what may be shared and to whom.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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

Consumers/representatives said the service is aware of risks to consumers’ health and well-being Review of documentation confirmed initial assessments include information regarding risks, for example, mobility, communication difficulties, cognition, diabetes, allergies, difficulty opening containers, and if assistance is required for reheating meals.

Consumers/representatives said the meal service consumers receive meets their needs, goals, and preferences including those with food allergies, food intolerances, dietary and delivery preferences. Consumers’ care plans include information about consumers’ needs, goals, and preferences.

Consumers/representatives explained planning includes what meals and food items consumers prefer, when and where meals will be delivered, preferred payment methods and other people who they wish to be included in the planning process. Management was able to demonstrate how the assessment process works in partnership with other organisations, individuals, and service providers in assessment and care planning.

Consumers/representatives interviewed said they had received a copy of their care plan and knew the details of how many meals, and when they should receive them. The Assessment Team reviewed a copy of the intake documentation which outlines consumer’s meal preferences, consistency of meals, for example if a meal should be cut up, if assistance is required for opening containers, and payment options.

The Assessment reviewed consumers’ care plans, which confirmed that timely and appropriate assessments and review of meal services is occurring. Delivery volunteers said they check in on consumers with each meal delivery and if they have any concerns relating to a consumer’s health or wellbeing, they report it to management to follow up. Consumers/representatives said care plans are reviewed regularly, when needed or if requested by them.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# 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 |

Findings

Consumers/representatives said they are satisfied with the flexibility of the meal delivery service the consumers receive and how the service is accommodating when their needs and preferences change. Delivery volunteers explained how the meal service is tailored and modified to support the individual consumer.

Delivery volunteers demonstrated an understanding of what is important to the consumer and provided examples of how the well-being of consumers is supported. Review of the volunteer handbook outlines instructions for delivery volunteers to follow in the event of non-response by the consumer and in an emergency.

Management and delivery volunteers described how they provide information to consumers about activities and groups in the local community, for example, craft groups and the ‘men’s shed’. Consumers/representatives described how the service supports consumers to participate in the community and do things of interest to them.

Kitchen volunteers demonstrated how they know the consumers’ meal requirements because they check the kitchen sheets when preparing and packing meals and ensure meals are labelled correctly. The Assessment Team observed documentation where consumers had changed meal preferences; including the communications book, kitchen sheets and deliver runs sheets.

Delivery volunteers explained the referral process to management if they identified or were asked by a consumer for additional care provision requirements. Management said, where the service is not able to accommodate a consumer’s preferences, information on other community services is provided to the consumer. The consumer’s handbook provided to consumers upon commencement with the service demonstrated consumers receive information about organisations and providers.

Consumers provided positive feedback about the meals they receive and said the meals are varied and of a good size and of good quality. Management explained the service has a 10-week menu rotation and the Assessment Team reviewed the menu which demonstrated a variety of meals. Kitchen volunteers explained the process for safe food packaging, storage, and transport in line with food handling standards. The Assessment Team reviewed documentation which confirmed refrigerators, freezers, and food temperatures are monitored and recorded each shift and volunteers have received training in safe food handling practices.

Based on the information summarised above, I find the provider in the relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers all said they felt the service was welcoming of their feedback and they felt confident they could make a complaint if they needed to. The service was able to demonstrate how consumers, or their representatives can provide feedback or make a complaint. Volunteers explained how they receive informal feedback from consumers and document it in the communication book for actioning. The consumer handbook outlined the process for making a formal complaint and for escalating to an internal review, if necessary.

All consumers/representatives said they felt confident they had access to appropriate resources to assist them in the even they needed to make a complaint. The service demonstrated they had knowledge of advocacy resources and actively provided information to consumers. The services’ consumer handbook included information for consumers to contact external advocacy groups or agencies.

Consumers/representatives said they had confidence the service would respond promptly to any feedback or escalate an incident if they were involved in one. Volunteers described how to escalate and respond to a complaint/incident. Management was able to explain an appropriate understanding of open disclosure and how it related to both complaint and incident management processes.

Management was able to provide examples of how they reviewed feedback and implemented changes in response to feedback received from consumers. The service has multiple systems for receiving and responding to feedback.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints 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

Consumers/representatives said consumers meals are always what they have ordered and delivered on time. Management confirmed rosters are prepared in advance, with processes in place to confirm allocation of volunteers to delivery runs. Rostering documentation evidenced the roster is pre-planned with a mix of management, kitchen and delivery volunteers allocated.

Consumers/representatives said volunteers are kind caring and respectful when interaction with them. Volunteers were able to discuss the diverse needs and backgrounds of consumers, and what this meant to volunteers when they provide meal deliveries.

Consumers/representatives gave positive feedback regarding the competence of the volunteers. Management confirmed new volunteers are onboarded with an experienced buddy to ensure they are familiar with the consumers and the delivery runs. The kitchen displays several informative posters reminding volunteers of, for example, hand hygiene, cross contamination, and proper food handling processes.

Management confirmed recruitment processes are in place and utilised when volunteer numbers reduce. Documentation evidenced volunteers are provided with ongoing training to ensure services meet consumer, community, and regulatory expectations. The service has a position description for various roles including kitchen coordinator, cook, kitchen helper, kitchen opening and closing, clerical and facility assistant and delivery volunteers.

Management advised there is an informal performance monitoring and review process for volunteers which takes place in person. Volunteers said they can contact the client liaison officer at any time and are in regular contact with each other to discuss consumers, concerns, or delivery changes. Volunteer assessment and monitoring is discussed at committee meetings. Police check renewals are updated at each committee meeting.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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. | 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

Consumers said the service is well run, and they can have a say on how things are done, by providing feedback to the delivery volunteers or directly with committee members. Management was able to demonstrate the various avenues for consumers to be involved in the evaluation of services. Committee members, on occasion, undertake the consumer’s initial intake assessment and planning, which provides the committee member with direct exposure to the consumer base to understand the consumers’ needs.

Management provided examples of how the committee knows it is meeting what the consumers/representatives and volunteers expect. The committee considers meal requirements for consumers at each committee meeting to ensure the resources available can meet the needs of consumers. The service subscribes to their peak body, which provides input, strategic direction and policies which are received, downloaded where applicable and contextualised to suit the local consumer demography and environmental considerations.

The service as able to demonstrate effective organisation wide governance systems. Management provided examples of how the service maintains privacy and confidentiality: including practical examples of information limiting discussions and actions between volunteers and keeping the minimum amount of personal information required on record for consumers and volunteers.

Continuous improvement was demonstrated through a range of systems and processes, and the continuous improvement register records the issues identified for improvement, the planned action (includes actions, tasks, and person responsible for implementing the improvement) and the planned and actual completion date(s).

Financial governance systems and processes are in place to manage the financial resources to deliver care and services. Individual consumers’ finances are managed with the consumer/representative directly, and the service has introduced various methods of payments to allow consumers/representatives to make payments as per their chosen method and within regulated timeframes.

Volunteers interviewed said they are satisfied the governing committee reviews the number and mix of staff on a regular basis. The service has a management committee evaluation policy and process for committee members to undertake a self-evaluation of their required knowledge and skills and contribution to the governing committee.

The governing committee oversees compliance and receives updates directly via relevant regulatory bodies, for example, the Commission, the Department of Health, Workcover and other government regulators. The service indirectly receives updates to regulatory compliance via the peak body subscription service.

The service demonstrated effective governance systems related to feedback and complaints, including using feedback to actively look for ways the service can improve. The Assessment Team noted the service’s self-assessment (with the Quality Standards) includes all volunteers are to undertake a questionnaire identifying if they are familiar with the service’s process for taking feedback and complaints.

The service was able to provide frameworks and policies to manage risk and respond to incidents at the service. Management provided examples of risks and how they are managed at the service. Management provided examples of how volunteers and the service had identified and responded to observations or suspicions of consumer well-being and/or deterioration. The service has an incident reporting policy, and the documented incident management system includes the incident reporting (including SIRS) policy, incident investigation form and the incident (including SIRS) register.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

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-1)