**Performance**

**Report**

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| Name: | Cairns Meals on Wheels |
| Commission ID: | 700339 |
| Address: | Barlow Park Stadium, cnr Scott and Severin Streets, PARRAMATTA PARK, Queensland, 4870 |
| Activity type: | Quality Audit |
| Activity date: | on 12 June 2024 |
| Performance report date: | 8 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: 8018 Cairns Meals on Wheels Incorporated  
Service: 24583 Cairns Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Cairns Meals on Wheels (**the service**) has been prepared by E Blance, 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
* the provider’s response to the assessment team’s report received 27 June 2024
* other information known by the Commission

# 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. An assessment is not provided for Standard 3, Requirement 4(3)(g), Standard 5, and Requirement 8(3)(e) as these are not within scope for this service.

# 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 are included in interactions with staff and volunteers, allowing consumers’ diverse needs to be recognised and respected. Consumers say volunteers are happy and courteous and use their preferred name when attending their premises for delivering meals. Documentation evidenced consumers’ requirements for delivering meals including leaving meals in a preferred location or seeking confirmation for an alternative delivery point for the consumer.

Consumers were satisfied with the service provided and feel understood and safe. Staff and volunteers can describe individual consumer’s diverse living arrangements and their requirements, they understand and respect the importance of diversity, preferences and needs when providing a service. Documentation evidenced the organisation has a consumer-centred approach to delivering services.

Consumers are supported to make their own decisions regarding meal choices and dietary preferences. Preferences and discussions were welcomed and supported by management and staff. Management demonstrate a care-centred approach through accommodating consumer changes or requests.

The service provides consumers with meal choices, including modified, gluten free, diabetic, and standard meal options. The meal choices and any identified risks are discussed during the initial consultation and at regular intervals with the consumer. The service demonstrates they respect the right of the consumer's choice of meal.

Consumers say information received from the service is clear, easy to understand, and provided in a timely manner. Information is provided during deliveries, by email, or in person to the consumer/representative should they choose to attend the office.

Consumers say their privacy is respected by staff and volunteers, and permission to access their premises has been sought by the service. Volunteers understand the importance of privacy, confidentially, and their role in maintaining these requirements. Documentation is stored in secured filing cabinets in a lockable office.

I have considered the provider’s response including continuous improvement activities. I find Standard 1 compliant.

# 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 say the service delivers safe, nutritious and quality meals with consideration to their individual needs and risks, including providing texture modified meals, diabetic friendly options, and meals free from specific allergens. An intake interview is conducted and relevant medical and dietary information is recorded upon commencement with the service.

Meals delivered meet consumers’ current needs, goals, and preferences. Meal preferences can change at any time and the service acts on changes immediately which are updated on the consumers’ electronic care documentation which informs the service delivery documentation.

Consumers are involved in the planning of the meals including the days and times they are delivered, and if meals are delivered or picked up at the service, and whether meals are hot, chilled or frozen. Meals are chosen from a fortnightly menu which can be updated or changed as preferred. Consumers are referred to My Aged Care (MAC) or Aged and Disability Advocates (ADA) where required as needed. During the initial consultation, the service will identify any representatives the consumer would like involved and consumers can contact the service at any time to update this information.

The service maintains electronic care documentation for each consumer which is updated as consumers’ needs, preferences or goals change. The electronic care documentation informs the service delivery documentation and run sheets which are generated daily. Run sheets include information for consumers’ preferences and needs. Volunteers are provided with all the information they need to ensure the safe delivery of meals. While the service does not provide consumers with a copy of their service or care documentation, they are available on request.

The service review individual care and service plans at least each 12 months. The service contacts any consumer following a change to their preferences or dietary requirements and during this call reviews all information, updating individual care documentation as required. All feedback from consumers/representatives was positive and volunteers and staff demonstrate a clear understanding of consumers’ current needs and preferences.

I have considered the provider’s response including continuous improvement activities. I find Standard 2 compliant.

# 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’ support plans are completed in partnership with consumers with meal preferences and dietary needs and any other notes that would assist with safe service delivery and care. Policies and procedures guide staff in provision of meal services and supports for daily living, helping consumers stay active, involved and maintaining independence.

Staff are respectful, kind, and caring towards consumers. Consumers spoke highly of the staff, the volunteers who attend their home, and the assistance they provide. Consumers advised the service has enabled them to remain in their own homes and continue to enjoy their preferred lifestyle and activities that bring them meaning. Welfare checks, and emotional and psychological support is provided by the workforce in line with the service’s mission and value statement. Volunteers report back to the office if they identify if consumers are feeling low.

Consistent delivery times allow consumers to plan their day and arrange activities outside of their homes. Consumers have day to day control of their meal delivery services. Business improvement initiatives include to implement a monthly consumer and volunteer newsletter in July 2024 to include celebrations, unique events, and activities that occur in the community. Care planning documentation and run sheets corroborate how the organisation delivers meal services and supports to consumers and demonstrate adjustments to meet consumers’ changing needs.

The service has the necessary information to provide services in line with consumers’ needs and preferences and consumers receive consistent meal delivery services and support from staff and volunteers who know them well. The service has processes for updating systems and notifying kitchen staff when a consumer/representative changes the consumers’ dietary and/or delivery information. Delivery instructions provide information regarding the consumer's meal delivery, which is available for volunteers before visiting consumers to ensure that they are aware of their needs.

The service offers referral assistance to other organisations including My Aged Care and advocacy services where required for consumers. If volunteers identify a change or deterioration of consumers they report it to the office staff. Management can assist consumers to seek other suitable services where required.

The service caters to specific dietary requirements and is exploring cultural food options later in the year. All consumers/representatives expressed satisfaction with the variety and quality of meals served including, ‘I am very happy with the menu choice and the meals are satisfying’, ‘they are great, people are beautiful, and the meals are sufficient’, and ‘the meals are always good quality.’

I have considered the provider’s response including continuous improvement activities. I find Standard 4 compliant.

# 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 say they are aware of how to provide feedback or make a complaint and feel comfortable and encouraged to do so by the service. Methods for providing feedback include completing the annual survey, verbally to volunteers at time of delivery, ringing or visiting the office, and speaking to staff.

The service demonstrates consumers are made aware of, and have access to, advocates and language services for raising and resolving complaints. Consumers can be supported with language and other specialist services. An advocacy policy provides guidance for staff on how they can assist consumers to access advocate services.

Appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. Consumers say their concerns are responded to in a timely manner. The service has systems to document and respond to complaints, with policy and procedures to guide staff on processes and response times.

Feedback and complaints are reviewed and used to improve the quality of care and services. Examples included how feedback gathered had been used for continuous improvement of the service. A Quality and safety risk report is prepared by management and provided to the Committee members and the president to assist to identify continuous improvement opportunities.

I have considered the provider’s response including continuous improvement activities. I find Standard 6 compliant.

# 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

The service has systems in place to ensure the workforce is planned and able to meet the needs of consumers. A volunteer committee supports the governance of the service and includes a chairperson, treasurer, secretary and community members, who meet quarterly and receive reports on the operations of the service. Consumers say the staff and volunteers at the service meet their needs and preferences and they receive the ordered meal services, and the volunteers and staff consistently arrive when expected.

All consumers/representatives say the volunteers and office staff are kind and respectful of consumers’ identity and diversity.

Consumers/representatives say the staff and volunteers know what they are doing, and they have trust in their ability to manage the service. Meals are always delivered on time and staff know the delivery process. Volunteers include a range of people from different demographics and backgrounds to support the consumer base and meet the preferences of consumers. Management demonstrated knowledge of aged care, community, and health services. Each role requires the staff member or volunteer to have the appropriate background checks and qualifications. Volunteer delivery drivers are required to have a current driver’s license and appropriate insurance and police checks prior to working autonomously.

There is ongoing training provided within the service both on-line and face to face. Volunteers are provided with training to perform their role, and support consumers to provide feedback in relation to the quality standards.

The service has an informal process for the monitoring and review of volunteers and staff. Management meet with volunteers on a regular basis and discuss issues or concerns and provide guidance and feedback. Staff and volunteers feel supported by their managers. Incidents are investigated by management, including any reportable incidents.

I have considered the provider’s response including continuous improvement activities. I find Standard 7 compliant.

# 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 say the service listen to their feedback and/or suggestions and they can participate in an annual survey. Management say consumers are very responsive to completing the survey. The service conducts a morning tea each month for volunteers and consumers/representatives where feedback is encouraged. The service is in the process of implementing a newsletter for consumers. The service conducts an annual general meeting each September and all consumers/representatives are invited to attend.

A voluntary committee governs the service and has oversight over its operations. The committee is made up of members who have local knowledge of Cairns and the local communities, with ties to other community-based organisations in the area. The committee includes a president, treasurer, secretary, other members including a lawyer and a pharmacist. All members are involved in the day-to-day running of the organisation, and all members are also drivers and regularly complete delivery runs. Quarterly meetings discuss incidents, complaints, business improvements, finance, and community engagement. Actions arising from the committee meetings are communicated to consumers and staff via a memorandum. Policies and procedures include areas of safety and quality, ensuring the service delivers safe and inclusive quality care.

The service has effective organisation wide governance systems relating to information management continuous improvement financial governance, workforce governance regulatory compliance and feedback and complaints with policies and processes in place to support the governance systems.

The service has a suite of policies and procedures relating to managing risks associated with consumers, including the assessment and care planning policy, incident management, and risk management policy. Staff and volunteers are provided with information in relation to identifying and responding to elder abuse and neglect. Staff report any incidents immediately to management and if required call the ambulance services in an emergency.

I have considered the provider’s response including continuous improvement activities. I find Standard 8 compliant.

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)