Carina Meals on Wheels

Performance Report

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| **Address:** | 1 Edmond Street CARINA QLD 4152 |
| **Phone:** | 07 3398 7438 |
| **Commission ID:** | 700458 |
| **Provider name:** | Carina Meals on Wheels Incorporated |
| **Activity type:** | Quality Audit |
| **Activity date:** | 17 June 2022 to 21 June 2022 |
| **Performance report date:** | 8 August 2022 |

# Performance report prepared by

A. Grant, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**CHSP:**

* CHSP - Meals, 4-7Z49MSJ, 1 Edmond Street, CARINA QLD 4152

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP | Compliant |
| Requirement 1(3)(a) | CHSP | Compliant |
| Requirement 1(3)(b) | CHSP | Compliant |
| Requirement 1(3)(c) | CHSP | Compliant |
| Requirement 1(3)(d) | CHSP | Compliant |
| Requirement 1(3)(e) | CHSP | Compliant |
| Requirement 1(3)(f) | CHSP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | CHSP | Not Compliant |
| Requirement 2(3)(a) | CHSP | Compliant |
| Requirement 2(3)(b) | CHSP | Compliant |
| Requirement 2(3)(c) | CHSP | Compliant |
| Requirement 2(3)(d) | CHSP | Compliant |
| Requirement 2(3)(e) | CHSP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | CHSP | Not Applicable |
|  |  |  |
| Standard 4 Services and supports for daily living | CHSP | Compliant |
| Requirement 4(3)(a) | CHSP | Compliant |
| Requirement 4(3)(b) | CHSP | Compliant |
| Requirement 4(3)(c) | CHSP | Compliant |
| Requirement 4(3)(d) | CHSP | Compliant |
| Requirement 4(3)(e) | CHSP | Compliant |
| Requirement 4(3)(f) | CHSP | Compliant |
| Requirement 4(3)(g) | CHSP | Not Applicable |
|  |  |  |
| Standard 5 Organisation’s service environment | CHSP | Not Applicable |
|  |  |  |
| Standard 6 Feedback and complaints | CHSP | Not Compliant |
| Requirement 6(3)(a) | CHSP | Compliant |
| Requirement 6(3)(b) | CHSP | Not Compliant |
| Requirement 6(3)(c) | CHSP | Not Compliant |
| Requirement 6(3)(d) | CHSP | Compliant |
|  |  |  |
| Standard 7 Human resources | CHSP | Not Compliant |
| Requirement 7(3)(a) | CHSP | Compliant |
| Requirement 7(3)(b) | CHSP | Compliant |
| Requirement 7(3)(c) | CHSP | Compliant |
| Requirement 7(3)(d) | CHSP | Not Compliant |
| Requirement 7(3)(e) | CHSP | Not Compliant |
|  |  |  |
| Standard 8 Organisational governance | CHSP | Not Compliant |
| Requirement 8(3)(a) | CHSP | Compliant |
| Requirement 8(3)(b) | CHSP | Compliant |
| Requirement 8(3)(c) | CHSP | Not Compliant |
| Requirement 8(3)(d) | CHSP | Compliant |
| Requirement 8(3)(e) | CHSP | Not Applicable |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others
* the provider’s response to the Quality Audit report received 6 July 2022

# STANDARD 1 Consumer dignity and choice CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives interviewed by the Assessment Team reported they are always treated with dignity and respect. Consumers and representatives during interviews with the Assessment Team stated staff and volunteer staff are polite, respectful, and go beyond what their role entails. During interviews with the Assessment Team staff and volunteer delivery drivers advised they show respect to the consumers by stopping to have a conversation when they deliver meals additional discussions with staff and management indicated the organisation has a consumer-centred approach to providing services.

During interviews with the Assessment Team consumers and representatives reported services are delivered in a way that makes them feel safe and respected. The Assessment Team noted although members of the workforce were not familiar with the term ‘cultural safety’, they demonstrated respect for individual consumers’ backgrounds and diversity. The Assessment Team noted based on evidence analysed that staff and volunteer delivery drivers demonstrated they were familiar with individual consumers needs and preferences.

During interviews with the Assessment Team consumers and representatives reported they feel supported to make decisions about their meal service. During these interviews consumers and representatives stated the service offers a 3 weekly menu where they can choose between 2 hot meals each day for their main meal. The Assessment Team noted if consumers do not wish to receive either meal, they can request a frozen substitute meal, the Assessment Team found consumers are supported to contact the service if they would like to request a replacement meal on a particular day.

Consumers and representatives stated during interviews with the Assessment Team that staff respect their meal choices and generally understand what is important to them. The Assessment Team noted though members of the workforce interviewed were unfamiliar with the term ‘dignity of risk’, they demonstrated an understanding of its importance in maintaining consumer independence. The Assessment Team observed the organisation’s policies and procedures, which recognise the importance of maintaining dignity of risk for the consumers.

Consumers and representatives interviewed by the Assessment Team stated they receive written information about their services in a way that is clear and easy to understand. Consumers and representatives stated to the Assessment Team the menu enables them to make choices about their meal service, so they understand what they will be receiving on a particular day. The Assessment Team noted when a consumer does not wish to receive a specific meal, they contact the office in advance to organise an alternativemeal.

During interviews with the Assessment Team Management stated that consumer personal details and information is stored securely in a filing cabinet and on an electronic database. Consumers and representatives reported they feel their privacy is respected when meals are delivered. The organisation only enters the consumer’s residence if requested and ensures they seek permission before entering.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

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| --- | --- | --- |
| Requirement 1(3)(a) | CHSP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| --- | --- | --- |
| Requirement 1(3)(b) | CHSP | Compliant |

### *Care and services are culturally safe.*

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| --- | --- | --- |
| Requirement 1(3)(c) | CHSP | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 1(3)(d) | CHSP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| Requirement 1(3)(e) | CHSP | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 1(3)(f) | CHSP | Compliant |

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team analysed evidence which showed the service undertakes assessment in the form of completing a client review form. The Assessment Team noted this is completed by the service coordinator in consultation with the consumer and their representative where possible. Information gathered includes dietary needs, meal preferences, frequency of deliveries, preferred method of payment, any special delivery instructions to access the property and processes to follow when consumers do not respond to a scheduled meal service delivery.

Based on evidence analysed the Assessment Team found the service was able to demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. During interviews with the Assessment Team consumers and representatives stated they have day to day control over meal service delivery including options for meal service delivery when they may not be home when meals are delivered. The service coordinator described during interviews with the Assessment Team the assessment process, including talking to consumers and representatives about the consumers goals, needs and preferences specific to the meal delivery service.

Consumers and representatives interviewed by the Assessment Team stated they participate in the planning and review of the meal delivery service they receive, and they can choose what days they have meals delivered and there are different options including hot or frozen meals, salads, sandwiches, desserts, juice and fruit salads. The Assessment Team noted meals are prepared by kitchen staff in the onsite kitchen and consumers choose meals from a 3-weekly menu that is changed seasonally. The Assessment team noted meals delivered incorporate allergies, any specific dietary requirements and preparation including pureed or soft diet. During interviews with the Assessment Team Management demonstrated how they collaborate with the consumer, representative and other organisations providing care to meet the needs of the consumer.

The Assessment Team analysed evidence which showed the initial assessment form is completed by the service when the consumer is first contacted, discussions include meal delivery options, dietary requirements, arrangements for non-response to meal service delivery, and an information pack is provided to the consumer. The Assessment Team noted the initial assessment form information for each consumer is updated in the meal delivery system, meal run sheets for the kitchen and delivery run sheets. Evidence analysed by the Assessment Team showed information received from consumers and representatives and/or delivery volunteer staff is verified by the service coordinator prior to the information being updated in the system. This information can include alternative meal choices, changes to dietary needs or preferred ingredients.

Based on evidence analysed by the Assessment Team the service did not demonstrate that care and services are reviewed annually for effectiveness as required under the standards. Management stated that there is no formal annual review process undertaken by the service. The Assessment Team identified that the majority of consumers update their meal preferences and changes to delivery requirements including when they go away or are in hospital from the review of notes and information in the meal delivery system. The Assessment noted however not all consumers sampled had notes recorded in the last 12 months.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as one of the five specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | CHSP | Compliant |

*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.*

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| Requirement 2(3)(b) | CHSP | Compliant |

*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.*

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| Requirement 2(3)(c) | CHSP | Compliant |

*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.*

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| Requirement 2(3)(d) | CHSP | Compliant |

*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.*

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| Requirement 2(3)(e) | CHSP | Not Compliant |

*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.*

The Assessment team found based on various evidence being analysed that the service did not demonstrate that all consumer’s needs, goals and preferences are regularly reviewed for effectiveness of the meal delivery service to identify if there have been any changes in their needs or preferences. During interviews with the Assessment Team Management stated there is no system in place to monitor that all consumer’s information is reviewed at least annually or that all relevant information for consumers has been verified when the meal delivery service has commenced.

Management advised the Assessment Team that information is updated when there have been incidents involving the consumer, including falls, admission to hospital, non-response to scheduled visits, and when changes are advised by the consumer or representative. The Assessment Team found after a review of twelve consumer files and notes in the system that three consumers had incomplete information in their file. The Assessment Team identified that there were notes in the system for the majority of consumers sampled when there had been an incident, change in meal and/or dietary preferences however not all sampled consumer’s information had been reviewed since they had commenced with the service.

A review of consumer files completed by the Assessment Team identified that there had been ongoing communication for changes in meal selection, delivery times and updates on condition for the majority of consumers sampled. However not all sampled consumers’ initial information had been completed, including evidence of a review of information from My Aged Care (MAC) referral and there was no evidence of regular reviews with the service. For example:

Consumer A commenced with the service in April 2021, documentation reviewed identified that all information on the form had not been completed including consumer consent information. There were no further notes in the system to identify if Consumer A’s information had been reviewed for any changes to her needs or preferences.

Consumer B commenced with the service in May 2022, there is no emergency or alternative contact in the system. The service advised that one of the volunteer staff is still to confirm all the information for Consumer B.

Consumer C commenced with the service in 2015, there is no emergency or alternative contact in the system. The Assessment Team noted the hard copy information was not completed, however notes in the system identified when the meal delivery service had been suspended at the request of Consumer C.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# STANDARD 3 Personal care and clinical care CHSP Not Applicable

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard for the Commonwealth home support programme service is assessed as Not Applicable as all of the seven specific requirements have been assessed as Not Applicable.

# STANDARD 4 Services and supports for daily living

# CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives interviewed by the Assessment Team Stated they are satisfied with the meal service delivery the consumer receives and this supports them to be independent. Consumers advised the Assessment Team that the meal delivery service is flexible and accommodating to their needs and preferences and allows them to continue to do the things of interest to them. During interviews with the Assessment Team the workforce provided examples of how the meal delivery service is tailored to support the individual consumer. Evidence analysed by the Assessment Team showed individual preferences including meal choice and delivery options are available to staff and volunteer staff.

Consumers and representatives interviewed by the Assessment Team stated the workforce are kind and friendly and that it provides them with social contact and is not just a meal delivery service. Consumers and representatives provided the Assessment Team specific examples of the how the workforce delivering the meals take the time to talk to consumers about topics that interest them, inquire after their general well-being and if they are satisfied with the meals. Management interviewed by the Assessment Team stated they acknowledge a consumer’s birthday by including a birthday card, consumers receive a free meal during senior’s week and meals are delivered on public holidays including Christmas day. The Assessment noted based on evidence analysed that the workforce demonstrates an understanding of what is important to the consumer, how the provision of a flexible service promotes the well-being of the consumer and if they had any concerns about the consumers well-being, they would escalate this to the office.

Consumers and representatives interviewed by the Assessment Team stated the service is flexible in the delivery of their meals to enable them to maintain their social networks, attend appointments and do the things that are important to them. During interviews with the Assessment Team staff provided examples of how the meal service delivery is adjusted when situations change, to ensure goals and preferences are still being met. Documentation reviewed by the Assessment Team identified that consumers have flexibility in the meal delivery service to have meals available when they require to suit their individual preferences.

Consumers and representatives interviewed by the Assessment Team stated they receive a consistent meal delivery service and generally have the same volunteer staff delivering their meals. The Assessment Team noted the workforce could describe how the service keeps them informed of consumers’ needs and preferences and how they are informed of any changes to the consumer’s condition or individual requirements. During interviews with the Assessment Team Management provided examples of sharing information with others involved in providing services to individual consumers. The Assessment Team observed delivery volunteer staff providing relevant feedback to management following deliveries.

During interviews with the Assessment Team Management was able to demonstrate and provide examples of when representatives had been contacted to facilitate the referral of the consumer back to My Aged Care (MAC) to facilitate access to extra services and supports. The Assessment Team noted Management stated if they are contacted by consumer or representative requesting a meal delivery service, assistance is provided to consumers in navigating MAC if required. The Assessment Team noted if volunteer delivery staff raise concerns about consumers the service contacts the consumer’s designated representative to discuss the concerns. The Assessment Team reviewed information in the system and consumer files detailing referrals received from MAC and other health professional for meal delivery services.

The majority of Consumers and representatives interviewed by the Assessment Team provided positive feedback about the meals, reporting there is sufficient choice available to meet their needs and preferences. Consumers stated to the Assessment Team that menus provided a variety of options including hot meals, sandwiches, salads, frozen meals soups, desserts, juice and fruit. The majority of consumers said the meals were of good size, quality and quantity and they were able to order smaller meal portions if they preferred.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as six of the six applicable requirements have been assessed as Compliant. Requirement 4(3)(g) is Not Applicable and therefor was not assessed.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | CHSP | Compliant |

*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.*

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| Requirement 4(3)(b) | CHSP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| Requirement 4(3)(c) | CHSP | Compliant |

*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.*

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| Requirement 4(3)(d) | CHSP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| Requirement 4(3)(e) | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | CHSP | Compliant |

*Where meals are provided, they are varied and of suitable quality and quantity*.

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| Requirement 4(3)(g) | CHSP | Not Applicable |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment CHSP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard for the Commonwealth home support programme service is assessed as Not Applicable as three of the three specific requirements have been assessed as Not Applicable.

# STANDARD 6 Feedback and complaints CHSP Not Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives interviewed by the Assessment Team reported they are encouraged and supported to provide feedback and make complaints. Most Consumers and representatives interviewed by the Assessment Team stated they had not yet had a reason to provide feedback or make a complaint about the service, however they would feel comfortable in doing so. During interviews with the Assessment Team the workforce described how they encourage and support consumers to provide feedback and complaints, consistent with policies and procedures. The Assessment team noted the workforce provided examples where they supported consumers to provide feedback and confirmed they resolve issues identified by consumers immediately by notifying the service coordinator. The volunteer delivery staff interviewed by the Assessment Team demonstrated an understanding of the importance of feedback for continuous improvement purposes.

The Assessment Team found the service did not demonstrate they have a best practice complaint handling system that facilitates and guides consumers and representatives to provide feedback and make complaints. The Assessment Team noted that consumers and representatives are not made aware of and have access to language services and other methods for raising and resolving complaints.

The Assessment Team found based on evidence analysed that the service did not demonstrate that it takes appropriate steps to ensure consumers are aware of and have access to language services and other methods for raising and resolving complaints.

While Consumers and representatives interviewed by the Assessment Team stated they know how to provide feedback or make a complaint, and said they feel comfortable and safe to do so, some consumers and representatives stated they were not made aware of the outcome of their complaint or feedback.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as two of the four specific requirements have been assessed as Not Compliant.

## Assessment of Standard 6 Requirements

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| Requirement 6(3)(a) | CHSP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

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| Requirement 6(3)(b) | CHSP | Not Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Based on evidence analysed the Assessment Team found the service did not demonstrate consumers and representatives are made aware of and have access to language services and other methods for raising and resolving complaints. Information provided to consumers in the information pack and in policies and procedures, did not provide current contact information for external supports available to consumers and representatives for raising complaints.

Examples and evidence of the service failing to meet this Requirement include:

Consumers and representatives are provided with the consumer handbook on commencement with the service. The Assessment Team noted the handbook does not include information on how to access language services for assistance with interpreting or translation, if required, to support consumers to provide feedback or make a complaint should they wish to do so.

The Assessment Team noted the name and contact details for the Commission were incorrect, with the name listed as the ‘Aged Care Complaints Commission’ and an outdated phone number, resulting in consumers not having up-to-date contact information to make an external complaint.

The Assessment Team provided feedback to management who acknowledged the deficiencies brought forward*.* Management advised that the consumer handbook will be updated to have information about advocacy and translator services and external complaints agencies such as the Commission.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 6(3)(c) | CHSP | Not Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Based on evidence analysed the Assessment team found the service did not demonstrate application of a best practice complaints management system in managing and resolving complaints for consumers. Evidence analysed by the Assessment Team showed the service did not demonstrate that an open disclosure process was used, and the service does not have policies in place in relation to open disclosure and training has not been provided in relation to complaints management or open disclosure.

Examples and evidence of the service failing to meet this Requirement include:

The Assessment Team found while the service demonstrated appropriate action was taken to complaints, the Assessment Team found no evidence that consumers were contacted to communicate the outcomes of their feedback or complaint. The Assessment Team found consumers who had raised feedback in the past could not recall being provided with an update after they initially raised their feedback with the service. The Assessment Team raised this with management, who could not recall whether contact was made with consumers after actions had been taken. A review of consumer files evidenced that progress notes had not been recorded to document the progress of consumer complaints.

During the visit, the Assessment Team provided feedback to management that the entirety of the open disclosure process had not been utilised while handling complaints received. Additionally, the Assessment Team noted that there were no notes on consumer files who had raised issues with the food. The Assessment Team observed the organisation’s ‘compliments, complaints & feedback’ policy, which contains steps for the service to follow when receiving and handling a complaint. The Assessment Team provided feedback to management who acknowledged the deficiencies brought forward.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 6(3)(d) | CHSP | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources CHSP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Based on evidence analysed by the Assessment Team the service demonstrated the workforce is planned to enable the delivery and management of safe and quality services. Carina MOW has a paid service coordinator position that overseas day to day operational delivery of meals and manages consumer queries and concerns. The coordinator is supported by two chefs and seventy volunteer delivery and volunteer kitchen staff.

Consumers and representatives interviewed by the Assessment Team provided positive feedback in relation to their interactions with the workforce and said staff and volunteer staff are kind, caring and respectful. The Assessment Team noted Management provided examples of how the service respects consumers individual needs and applies a flexible and responsive approach to the needs and preferences of consumers.

The Assessment Team noted based on evidence analysed that the service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Standards. The Assessment Team noted processes are not effective in ensuring the workforce receives the ongoing support, training and professional development they need to carry out their roles and responsibilities in delivering services to aged care consumers.

The Assessment Team found based on evidence analysed that the organisation did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team noted the organisation does not conduct performance reviews to evaluate the performance and development needs of staff.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as two of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 7 Requirements

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| Requirement 7(3)(a) | CHSP | Compliant |

*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.*

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| Requirement 7(3)(b) | CHSP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| Requirement 7(3)(c) | CHSP | Compliant |

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| Requirement 7(3)(d) | CHSP | Not Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Examples and evidence of the service not meeting this Requirement include:

The Assessment Team noted that staff and volunteer staff training records were not provided by the service during the quality audit. There was no evidence management, staff or volunteer staff had received the following training relevant to the Standards, including but not limited to:

* Complaints management, open disclosure and advocacy
* Current and accredited first aid certification
* Training in the Quality Standards and the practical application relevant to the role and responsibilities.

The Assessment Team noted the service provided evidence that criminal history checks are undertaken by all staff and volunteer staff, however the Assessment Team identified 3 volunteer delivery drivers police checks had expired.

Feedback was provided to management who acknowledged the deficiencies brought forward by the Assessment Team. Management advised that training in the Quality Standards will be offered to staff and volunteer staff in July 2022.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 7(3)(e) | CHSP | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team found based on evidence analysed that the organisation did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team noted the organisation does not conduct performance reviews to evaluate the performance and development needs of staff.

Examples and evidence of the service not meeting this Requirement include:

The Assessment Team noted while the service has a policy in place to support the outcomes of this Requirement, management acknowledged that regular assessment, monitoring and review of the workforce does not occur. The Assessment Team noted staff and volunteer personnel file information was not available for the Assessment Team to review and not accessible by management at the service.

During interviews with the Assessment Team management described how they informally review volunteer performance and adherence to policies and procedures when they pick up meals to be delivered and/or work in the office.

Following feedback, management acknowledged this is an area for improvement and advised they would action identified gaps as part of their continuous improvement process.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# STANDARD 8 Organisational governance CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8 Requirements

The Assessment Team noted based on evidence analysed that the service demonstrated that consumers and representatives are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. During interviews with the Assessment Team consumers and representatives feedback confirmed the ways that the service seeks their information and input into the care and services consumers receive. The Assessment Team noted the service coordinator, staff and volunteer staff evidenced their understanding of consumer consultation processes and provided examples of engagement for the purposes of seeking feedback. The Assessment team noted that during interviews with Management they advised consumer and representatives feedback in relation to meals is provided directly to the kitchen staff as meals are prepared on site.

The Assessment Team noted based on evidence analysed that the service was able to demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team noted the service provides results of incidents, complaints and feedback information to the organisation. Evidence analysed by the Assessment Team showed the organisation uses this information to oversee the delivery of safe, inclusive, quality care.

Based on evidence analysed by the Assessment Team it showed the service has effective risk management systems and practices to identify, assess and manage risks to the health, safety and well-being of consumers receiving meal delivery services. The Assessment Team noted incidents are responded to, reported and investigated by the service through the IMS to support consumers to live the best life they can. The Assessment Team noted where risks are identified for consumers, they are monitored, and action is taken if a risk has increased. Evidence analysed by the Assessment Team showed the service demonstrated systems and processes driven by the governing body to prevent and control the risks associated with COVID-19.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective governance systems relating to workforce governance, regulatory compliance and feedback and complaints. The Assessment Team noted the organisation did demonstrate effective systems in relation to information management, continuous improvement and financial governance.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as one of the four applicable requirements have been assessed as Not Compliant. Requirement 8(3)(e) is Not Applicable and therefore was not assessed.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | CHSP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | CHSP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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| --- | --- | --- |
| Requirement 8(3)(c) | CHSP | Not Compliant |

*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.*

The Assessment Team noted based on evidence analysed that the service did not demonstrate effective governance systems relating to workforce governance, regulatory compliance and feedback and complaints. The organisation did demonstrate effective systems in relation to information management, continuous improvement and financial governance.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

The Assessment Team noted based on evidence analysed that staff and volunteer staff do not receive the ongoing support, training, professional development and feedback they need to meet the needs of aged care consumers and deliver the outcomes the Standards describe. Evidence analysed by the Assessment Team showed the service did not demonstrate an effective system in place to regularly evaluate how management, staff and volunteer staff are performing their role. Refer to Standard 7.

#### Regulatory compliance

Evidence analysed by the Assessment Team showed the service did not demonstrate that all consumer’s needs, goals and preferences are regularly reviewed for effectiveness of the meal delivery service to identify if there have been any changes in their needs or preferences. Evidence analysed by the Assessment Team showed there are no processes in place to monitor that all consumer’s information is reviewed annually. This is discussed further in Standard 2.

The Assessment Team noted based on evidence analysed that while the service has a system for monitoring workforce criminal history checks for staff and volunteer staff, the Assessment Team identified three expired police checks. This is further discussed in Standard 7.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 8(3)(d) | CHSP | Compliant |

*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.*

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| Requirement 8(3)(e) | CHSP | Not Applicable |
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*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.*

# 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 2(3)(e) | CHSP | Not Compliant |

*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.*

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| Requirement 6(3)(b) | CHSP | Not Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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| Requirement 6(3)(c) | CHSP | Not Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | CHSP | Not Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| Requirement 7(3)(e) | CHSP | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

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| Requirement 8(3)(c) | CHSP | Not Compliant |

*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.*