**Performance**

**Report**

**1800 951 822**

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| Name of service: | Carina Meals on Wheels |
| Service address: | 1 Edmond Street CARINA QLD 4152 |
| Commission ID: | 700458 |
| Home Service Provider: | Carina Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 13 December 2022 |
| Performance report date: | 11 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Carina Meals on Wheels (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

Community and Home Support, 24812, 1 Edmond Street, CARINA QLD 4152

# Material relied on

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

* The assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Not applicable** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Not applicable** |

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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

In the previous Quality Audit conducted in June 2022, the Assessment Team recommended, and the Decision Maker found non-compliance in Requirement 2(3)(e). The Assessment Team analysed evidence and interviewed management of the service which showed the following action has been taken to address the identified issues.

Evidence analysed by the Assessment Team showed the service conducted a review for all consumers in July and August. Evidence analysed by the Assessment Team showed a client review form was provided to each consumer, requesting the consumer to update their information, such as emergency contacts, and to describe any changes in their needs, goals and preferences which may impact on their meal delivery service. The Assessment Team noted consumer review data was collated by the service and provided to management at the end of August.

Evidence analysed by the Assessment Team showed the service has updated the consumer records, including where there were changes to consumer preferences or needs. Evidence analysed by the Assessment Team showed the consumer review information has been checked against consumer records and changes made accordingly. During interviews with the Assessment Team management described the process once consumer review forms are received which included the service coordinator or administration officer going through the individual consumer review information and records any changes on the consumer record including any dietary changes; this information is forwarded to the kitchen and included on the specials label attached to the consumer’s meal.

Evidence analysed by the Assessment Team showed the service’s database has been updated to flag the next review date. Evidence analysed by the Assessment Team showed for new consumers, when the commencement date is entered, the review date is automatically populated. Management when interviewed by the Assessment Team advised the database does not provide an alert when the consumer review is due, however an annual review of each consumer’s needs will be conducted in July each year. Evidence analysed by the Assessment Team showed a policy and procedure have been developed and implemented to guide staff in conducting consumer reviews.

Evidence analysed by the Assessment Team showed a new intake process has been introduced across the service provider’s eleven Meals on Wheels services. Evidence analysed by the Assessment Team showed the compliance officer manages the MAC provider portal and sends the consumer referral form to the relevant service. Evidence analysed by the Assessment Team showed the consumer’s MAC Support Plan is also downloaded and provided to the service to ensure that all relevant information is gathered to inform service delivery and to manage and respond to risk.

Evidence analysed by the Assessment Team showed the client intake form has been revised and expanded to request more information regarding the consumer’s circumstances and needs, including detailed information regarding their dietary requirements, subsequently a meal plan is then developed.

Evidence analysed by the Assessment Team showed the service provider has engaged two administration officers to provide support for the eleven meals on wheels services ensuring that all relevant consumer information is captured on the consumer record and reflected in the service delivery documentation. Evidence analysed by the Assessment Team showed the administration officers ensure the consumer documentation is complete and accurate.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Not applicable** |

# 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. | **Not applicable** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Not applicable** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Not applicable** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

# 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. | **Not applicable** |
| 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. | **Not applicable** |

Findings

In the previous Quality Audit conducted in June 2022, the Assessment Team recommended, and the Decision Maker found non-compliance in Requirement 6(3)(b) and 6(3)(c). The Assessment Team analysed evidence and interviewed management of the service which showed the following action has been taken to address the identified issues.

Evidence analysed by the Assessment Team showed the consumer handbook ‘Client and Carers Guide’, which is published by the peak body QMOW, has been updated and supplies are held at the service. The Assessment team analysed the updated handbook and noted it shows the following information:

* The translated resources, in twenty-two languages, available through My Aged Care;
* How to access the National Translating and Interpreting service;
* Support for hearing and vision impairment, including contact details for the National Relay Service and Auslan Connections;
* An explanation of the advocacy service, ADA Australia (funded by the Commonwealth under the Older Persons Advocacy Network) and how this can support consumers, along with the contact details;
* The service’s feedback and complaints process and the consumer’s right to seek the support of an advocate and/or communication and language support services for this purpose; and
* Information on the aged care complaints service provided by the Aged Care Quality and Safety Commission, including an explanation of what the consumer can expect when they raise concerns about the service. Current contact details are provided.

Management when interviewed by the Assessment Team advised that all new consumers are provided with the updated version of the handbook as part of the process on commencement with the service.

During interviews with the Assessment Team management advised that where issues raised are readily resolved by the service during the course of daily operations, these are classed as minor; where issues are classed as major, these are managed by management and the Board. Management when interviewed by the Assessment Team advised that the service has not had any major complaints requiring management through to resolution. Evidence analysed by the Assessment Team showed a register has been established. Evidence analysed by the Assessment Team showed the service coordinator records feedback and complaints on the consumer record and also on the feedback and compliments, feedback and complaints register.

Evidence analysed by the Assessment Team showed the feedback register for the period 24 August to 12 December 2022, shows a total of eleven instances of positive and negative feedback, including from consumers as part of the recent consumer review process. The issues raised are described and the action taken is recorded. A sample of evidence to substantiate this statement is documented below:

Evidence analysed by the Assessment Team showed nine individual feedback recorded were negative regarding the meals, such as vegetables not being cooked enough, meat portions being small, the meal being too dry or the meat too tough. Evidence analysed by the Assessment Team showed action recorded included the consumer’s file being updated to reflect their feedback and/or changes in preferences, and the feedback being discussed with the chef in order for the issue to be rectified. Evidence analysed by the Assessment Team showed an apology was offered to consumers and in some instances the cost of the meal in question was waived.

Evidence analysed by the Assessment Team showed the complaints and feedback management policy sets out the procedures for staff to follow in handling issues raised by consumers, including:

* Offering the consumer an apology and asking how they would like the issue to be resolved.
* Recording the issues, action taken and response to the consumer on the consumer record.
* Recording all feedback and complaints received and action taken on the complaints and feedback register. The register is monitored by management and regularly reviewed by the Board.
* Where the issues cannot be readily resolved at the first point of contact, an escalation process is in place from the coordinator level through management to the Board, with the consumer informed of the status of the complaint.

# 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. | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| 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

In the previous Quality Audit conducted in June 2022, the Assessment Team recommended, and the Decision Maker found non-compliance in Requirement 7(3)(d) and 7(3)(e). The Assessment Team analysed evidence and interviewed management of the service which showed the following action has been taken to address the identified issues.

During interviews with the Assessment Team management confirmed the service has three paid positions, being the service coordinator and two chefs, along with an administration staff member who works part time. Evidence analysed by the Assessment Team showed the meal service preparation and delivery is supported by approximately sixty-five volunteers. Management when interviewed by the Assessment Team advised paid staff had training in excess of four years ago and acknowledged training was overdue.

Evidence analysed by the Assessment Team showed staff and volunteers were provided with training on the Aged Care Quality Standards in July. Evidence analysed by the Assessment Team showed the first Aged Care Quality Standards workshops were arranged for two different days and at four different times to ensure the times were suitable for the majority of the workforce to attend. During interviews with the Assessment Team management advised a number of volunteers have also received training on the Standards with online modules available for them to complete. Evidence analysed by the Assessment Team showed a range of training modules were sourced through the peak body, QMOW, and assigned to staff and offered to volunteers as relevant to their role.

The workforce training register when analysed by the Assessment Team showed

* All twenty-five staff across the eleven services have attended and completed training on the Quality Standards, this includes two staff from Carina MOW.
* Twenty volunteers across the eleven services have received training on the Quality Standards, this includes one volunteer from Carina MOW.
* There are ten training modules available for staff and volunteers to complete, where relevant to their role, including elder abuse, cultural safety and dementia. Evidence analysed showed there are specific training modules underpinning the basic food safety module, being food transport, kitchen and basic knife handling.
* Fourteen staff and twenty-four volunteers have completed food safety training, this includes one staff and one volunteer from Carina MOW.

Evidence analysed by the Assessment Team showed the volunteer induction process has been revised to include consumer advocacy, feedback and complaints and the Aged Care Quality Standards. During interviews with the Assessment Team management advised the induction process is face-to-face and includes training for volunteers at that time.

Management when interviewed by the Assessment Team stated the service coordinator provides practical hands-on training, both initially and in an ongoing way, and support to volunteers on a daily basis as relevant to their role. Evidence analysed by the Assessment Team showed the chefs provide practical hands-on training for volunteers assisting in the kitchen.

Analysis of the performance review forms for the three staff at the service completed by the Assessment Team showed discussions on equipping and supporting them in their role. Evidence substantiating this statement is documented below.

* Practical issues which impact on the day to day operation of the kitchen, including supply chain issues, kitchen equipment, equipment maintenance, monitoring the protein weight across all main meals, additional resources to assist with cleaning and communication between the chefs due to the job share role. The general notes include that they will take steps to progress the issues identified.
* Support has been provided to the service coordinator by the floating administration staff and the compliance manager over the last few months; they are there to assist, however the service coordinator also needs to ask for support when required. The service coordinator and new floating administration roles and responsibilities are continuing to be defined for clarity, efficiency and performance management.

Analysis of the continuous improvement register completed by the Assessment Team showed:

* Issue: New staff required inductions on their roles, there was no induction, training provided at commencement but no induction or training on MOW etc.
* Solution: Induction program to be set up, new staff manual created with all required and necessary policy and procedures included.
* Implementation: General manager and human resources/compliance manager schedule new staff induction for new admin floating roles and service coordinators. Online training modules are also sent to new staff to complete before the induction date. Induction should be full day to ensure all areas are covered and questions are answered.
* Outcome: Staff are more informed of what is required for them to complete their tasks and responsibilities of their roles. Staff are also required to provide feedback and suggestions on the induction process to inform continuous improvement.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Not applicable** |

Findings

In the previous Quality Audit conducted in June 2022, the Assessment Team recommended, and the Decision Maker found non-compliance in Requirement 8(3)(c). The Assessment Team analysed evidence and interviewed management of the service which showed the following action has been taken to address the identified issues.

Information management

Evidence analysed by the Assessment Team showed information contained in the consumer handbook ‘Client and Carers Guide’ was current and had been reviewed to ensure information was relevant, accurate and current and consumers were fully informed.

Evidence analysed by the Assessment Team showed in September 2022, a new filing system for both consumer files and staff and volunteer files was introduced for consistency across all services, with the assistance of the floating administration staff, and files are now stored in locked cabinets. The outcome noted is that files are organised neatly and readily accessible when required.

Workforce governance

Evidence analysed by the Assessment Team showed management arranged online training modules from QMOW and distributed these to all staff to complete at available times, either at work or at home. Evidence analysed by the Assessment Team showed a training register was created and is maintained by management. The Assessment Team noted the outcome is that staff and volunteers are aware of training courses available and have access to the training required for their role.

Regulatory compliance

Evidence analysed by the Assessment Team showed management have implemented a system and process to ensure staff and volunteers receive training in the Quality Standards and what this means for them in their role.

Evidence analysed by the Assessment Team showed management implemented a police check register master copy covering the eleven individual services and have set up an account through an online processing service, which includes access to a dashboard. Evidence analysed by the Assessment Team showed the dashboard is monitored by management, registers are maintained and are checked monthly to ensure renewal prior to the expiry date. Analysis of the police check register provided shows a total of thirty-seven staff and volunteers are listed and their police checks are current with no disclosable outcomes.

Feedback and complaints

Evidence analysed by the Assessment Team showed the consumer handbook has been revised and updated to include relevant, current and accurate information for consumers in relation to advocacy, communication and language support services and feedback and complaints. A copy of the ‘Client and Carers Guide 2022’ is provided to new consumers on commencement and is to be provided to existing consumers in the near future to ensure all consumers are fully informed.

Evidence analysed by the Assessment Team showed the feedback and complaints process has been reinforced with staff. A compliments, feedback and complaints register has been established and is monitored by management and reviewed by the Board.

During interviews with the Assessment Team management advised the service provider is moving towards connecting all incidents under one procedure to align with the requirements for an incident management system and reporting under the Serious Incident Response Scheme. Evidence analysed by the Assessment Team showed the eleven services use either of two databases and discussions are underway with the developers to update the systems to meet requirements in respect of incident management.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)