**Performance**

**Report**

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| Name: | Chinchilla Meals on Wheels |
| Commission ID: | 700553 |
| Address: | 1 Reid Street, CHINCHILLA, Queensland, 4413 |
| Activity type: | Quality Audit |
| Activity date: | on 3 July 2024 |
| Performance report date: | 5 August 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: 8026 Chinchilla Meals on Wheels Association Incorporated  
Service: 24199 Chinchilla Meals on Wheels Association Incorporated - Community and Home Support

**This performance report**

This performance report for Chinchilla Meals on Wheels (**the service**) has been prepared by P. Sherin, 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 15 July 2024 providing additional information.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they felt respected by the service’s workforce and described how their culture and diversity is valued. The service obtains information about consumers’ individual cultural needs and preferences as part of the assessment process. Review of documentation confirmed information on consumers’ individual background and preferences is documented to guide the workforce. The workforce provided examples of how they get to know consumers and demonstrated knowledge of individual consumers’ cultural background and preferences in relation to meal delivery.

Consumers said they are supported to make decisions about the meal delivery service they receive, and the service is flexible regarding changes to delivery times. The workforce described how each consumer is supported to make informed decisions.

The workforce demonstrated respect for consumers’ right to choose to engage in activities of risk. Management described how the service supports dignity of risk, including consulting with the consumer’s family or representative and seeking advice from qualified health professionals where required.

Consumers said they receive information from the service in a timely manner, the information is easy to understand, and they can contact the service regarding any queries. Monthly menus are provided to consumers and representatives. Management described how information such as invoices is delivered by the volunteer workforce, unless otherwise arranged to be provided to the consumer’s representative.

Consumers said volunteers are respectful of their privacy. The workforce demonstrated an awareness of the importance of respecting consumers’ privacy and provided examples of how they ensure this. Information on the storage and handling of consumers’ personal information is available in the service’s handbook to guide the workforce.

# 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 and representatives confirmed assessment and planning processes are conducted prior to commencement of the meal delivery service. The service gathers information related to consumers’ dietary needs and preferences, the frequency of deliveries, preferred method of payment and any special delivery instructions. Review of documentation evidenced assessment and planning consistently includes the identification of risks to the consumer’s health, safety and well-being to ensure safe and effective delivery of services.

Consumers and representatives said the service identifies and caters to the current needs and preferences of consumers. The workforce described how the service gathers information from consumers through regular conversation and interactions. Current needs and preferences are recorded under documentation such as profile sheets and daily delivery sheets to guide the workforce in provision of meal services.

Consumers said they are involved in planning of their meal services and can choose to have their representatives participate in planning with the service. Consumers explained planning includes what food items they prefer, when and where meals will be delivered, and preferred payment methods. Review of documentation identified contact details for representatives and instructions on when to contact them are recorded.

The service captures individual requirements of each consumer using intake forms which include dietary needs, delivery address, and any special instructions. Consumers and representatives said after the initial intake assessment with the service, they receive a fridge magnet with details for who to contact regarding any changes to meal orders. The workforce advised copies of consumers’ meal orders are available on request and delivered to the consumer and/or their representative.

Management said the service completes an annual review of each consumer which includes any changes to consumer needs, preferences, and contact information. Each consumer is additionally given a survey to complete at their first review since intake. The workforce described how they inform the service if they notice any changes in consumers or have any concerns during meal delivery. Review of documentation evidenced updates to consumers’ information following changes in their needs and condition.

# 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 and representatives said the meal delivery service consumers receive helps them to maintain their independence, quality of life, and well-being. The workforce demonstrated an understanding of what is important to sampled consumers and provided examples of how the meal delivery service optimises consumers’ sense of independence and well-being. Review of documentation identified consumers’ individual needs and preferences are captured to guide staff practice.

Consumers said their emotional and psychological well-being is promoted through meal delivery service and interaction with the service’s workforce. The service’s workforce described their interactions with consumers during telephone calls and meal delivery, and how they identify and report signs of low mood to management. The workforce demonstrated knowledge of what is important to individual consumers and provided examples of how they support consumers’ emotional and psychological well-being.

Consumers and representatives said the service is supportive and flexible when they need to adjust delivery times or days to enable consumers to attend appointments, have visitors, pursue interests, and maintain other social connections of meaning to them. Management described how the service is flexible with delivery methods to accommodate consumers’ need to do things of interest to them, such as by agreeing to postpone delivery, leave the meals in a portable cooler as requested, or enabling consumers to pick up the meals from the service directly.

Consumers and representatives reported consumers receive consistent service, the workforce accurately follow delivery instructions, and any requests or changes are well communicated. The workforce demonstrated sound knowledge of consumers’ needs and preferences, advised that service documentation provides sufficient information, and additional information such as any specific instructions for delivery on the day are communicated verbally upon meal pickup.

Whilst the service does not routinely make referrals due to the type of service provided, management advised they check with consumers and representatives upon initial intake whether any support and assistance outside of meal delivery is needed. Where required, the service assists consumers by referring them to the appropriate services and supports.

Consumers and representatives expressed satisfaction with the meals and advised meals are of good quality, variety, and quantity and aligned with the consumers’ specific needs and preferences. The service has a set monthly menu which consumers are advised of when commencing with the service. All meals are prepared at the service’s kitchen under an approved food safety plan and council accreditation. Hot meals are prepared and collected for delivery to consumers 3 times a week.

# 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 and representatives said they have not needed to make a complaint, however felt comfortable and safe to raise any feedback and concerns by speaking with the workforce directly or calling the service. The workforce described how feedback provided by consumers verbally is recorded on daily run sheets or communicated to the service’s Coordinator. Consumers are also requested to provide feedback via completion of surveys.

Consumers and representatives said they are provided information upon commencing with the service regarding external supports for making complaints and accessing advocacy services. Management said all consumers are provided with a consumer handbook and a copy of the Charter of Aged Care Rights when commencing services. Review of the consumer handbook identified information on external complaints mechanisms, translation, and advocacy services is included.

Consumers and representatives said the service is responsive to any feedback provided. The workforce including service management demonstrated an understanding of the importance of utilising open disclosure during the complaints process and described its application. The service has a feedback and complaints policy to guide staff practice.

Consumers and representatives said their feedback results in improvements to meal services. The service does not maintain a register to monitor feedback and analyse trends. However, management advised, and review of documentation confirmed, the service records consumer feedback using daily shift notes and meeting minutes for monthly management committee meetings.

# 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 demonstrated the workforce is planned to enable the delivery of safe and quality services. A Service Coordinator is employed 20 hours per week to coordinate service delivery and 2 hospitality staff are rostered to prepare meals. Management advised volunteers deliver meals in pairs and are regularly rostered on the same delivery run to ensure consistency wherever possible. Volunteers said they have sufficient time to complete their allocated tasks. Consumers and representatives said they considered the service had sufficient workforce to deliver services as per consumers’ individual needs and preferences.

Consumers and representatives described staff as kind, caring, and respectful. The workforce described how they ensure respectful and caring interactions when providing services to consumers.

The service demonstrated processes in place to monitor and ensure workforce competency and currency of documentation such as national police checks and driver licenses. Volunteers complete statutory declarations and are required to undertake meal delivery in pairs. The Provider’s response included confirmation of police checks in place for all staff regardless of contact with consumers and information on planned improvements to policy to specify process and timeframes for renewal of statutory declarations.

Management described how new volunteers are supported by rostering in pairs to ensure they are aware of individual consumer needs and processes for safe collection and delivery of meals. The Service Coordinator identifies any training opportunities for the workforce by monitoring changes to consumer needs and changes to organisational and legislative requirements that may require workforce training. Volunteers have access to a volunteer handbook for guidance. Volunteers demonstrated an understanding of standards of professional conduct and risk management processes. Management advised volunteers are informed of online training modules on various topics via a volunteer newsletter and plan to display information at the service for volunteers to take note of upon meal collection. Review of documentation identified training has been provided to various members of the service workforce in relation to food handling, food safety, and critical incidents.

Consumers expressed satisfaction with the performance of the service’s workforce. Volunteers advised the service’s management committee remains in contact with them to provide and seek feedback on service delivery. Management advised they conduct observations to monitor workforce interactions with consumers and ensure service delivery is occurring as per consumers’ needs and preferences. Whilst the assessment team identified formal appraisals had not occurred for the Service Coordinator and kitchen staff, the Provider’s response advised of planned improvement actions to ensure all staff undergo a performance appraisal every 12 months from their commencement date.

# 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 and representatives said they are satisfied with the service and appreciate the opportunities available to give feedback and provide input into service delivery. The service demonstrated consumers and representatives are engaged through direct communication and annual surveys. Management described how surveys have been made anonymous to encourage the provision of feedback.

The service has a management committee of 12 voluntary members including 5 executive committee members to oversee service delivery. The management committee meet monthly to discuss various matters including but not limited to financial reports, volunteer recruitment, incidents, and opportunities for improvement. The Service Coordinator provides updates to the committee on regulatory requirements, feedback and complaints, incidents, and any identified areas for improvement.

The service demonstrated effective organisation-wide governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, and regulatory compliance.

The service has a risk management policy to guide staff practice. Risks are initially identified during the intake process to ensure safe meal delivery. Volunteers demonstrated a shared understanding of identifying and reporting any potential risks and incidents.

The service has a risk management policy outlining roles and responsibilities for recording risk on a risk register and strategies to manage and mitigate risks. An incident register is maintained in relation to meals and corrective actions implemented. Review of documentation identified incidents and potential risks are recorded and discussed at the management level.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)