**Performance**

**Report**

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| Name: | Clifton Meals on Wheels |
| Commission ID: | 700065 |
| Address: | 20 Norman Steet, CLIFTON, Queensland, 4361 |
| Activity type: | Quality Audit |
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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: 8078 Clifton Meals on Wheels Incorporated  
Service: 24936 Clifton Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Clifton 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.

# 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 provided positive feedback regarding the service’s management and workforce, and said they treat consumers with dignity and respect. Consumers said the workforce make an effort to understand their personal circumstances and preferences and make them feel valued as individuals.

Consumers said services are culturally safe and provided examples of this. Management described how information is collected from consumers during the assessment process, which includes information on any specific cultural requirements. The workforce provided examples of how services are tailored to accommodate the individual needs and preferences of each consumer.

Consumers expressed satisfaction with the level of information provided by the service and said they felt supported in making their own decisions regarding meal delivery. Consumers said they appreciated being encouraged to maintain independence and felt included in decision making. Consumers noted the ease of communication and prompt response of volunteers and management when requesting changes to services. Management and the workforce demonstrated an understanding of each consumer's communication needs.

Management advised that if a consumer requests a meal that may pose a risk to their health, they discuss the potential risks with the consumer to ensure they make an informed decision. Management provided examples of how dignity of risk is documented and supported for consumers.

Consumers reported receiving written information in an understandable format, which enables them to make informed choices. Review of information provided to consumers such as the consumer intake brochure identified it to be current, accurate, timely, and communicated in a manner that facilitates consumer choice.

Consumers advised that the service’s workforce are respectful of their personal privacy. The workforce described how they ensure each consumer’s privacy and maintain confidentiality of their information. Management said consumer records containing personal information are stored securely in locked cabinets and electronic records are kept password protected.

# 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 confirmed assessment and planning processes are conducted when they commence meal delivery service. Management described the assessment and planning process and how the service gathers information related to consumers such as dietary needs and preferences, identification of any risks to the consumer, frequency of deliveries, and any special delivery instructions. Review of documentation identified information specific to each consumer including various risks to guide the workforce.

Consumers said the meal service meets their current needs, goals, and preferences. Information is recorded within documentation for the workforce to refer to. The workforce demonstrated knowledge of individual consumers’ needs and preferences; this aligned with information captured within service documentation.

Consumers said they are kept involved in the assessment and planning process, including any person they wish to be involved. Management explained how the service works in partnership with other organisations, individuals, and providers in assessment and planning and communicates regularly regarding the changing needs of consumers.

The service demonstrated information about the consumer is readily available for the workforce to refer to. The workforce described various documentation they use to obtain up to date information about the consumer’s needs. Whilst the service does not provide consumers with a copy of their services plan, management advised this can be provided on request.

The assessment team’s report identified a regular review and reassessment of consumers has not occurred in the previous year, however the service management maintains regular contact with consumers via telephone. Consumers are encouraged to inform the service if there are any changes to their needs and condition, and the workforce is aware of communicating this information to management. Review of documentation identified any changes in a consumer’s needs and condition is documented to ensure the workforce is aware and to guide their practice in relation to meal delivery. Management has committed to ensuring a formal review process is established and all consumers are reviewed as a priority by 30 June 2024.

# 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 said the meal delivery service they receive helps them to maintain their independence, wellbeing, and quality of life. Management and the service workforce demonstrated an understanding of what is important to individual consumers in relation to the service they receive. Documentation review for sampled consumers identified these were individualised and captured consumer’s needs to support their goals and preferences.

Consumers expressed satisfaction with how the meal service they receive and their engagement with the workforce supports their emotional, spiritual, and psychological well-being. Management described how the meal service caters to special occasions for consumers such as on Christmas. The workforce described how they would support a consumer who may be feeling low and demonstrated an understanding of their responsibilities to document and report any concerns regarding a consumer’s wellbeing to management.

Consumers provided examples of how the meal delivery service enables them the time to participate in community activities, do things of interest to them, and maintain their social and personal relationships. The workforce demonstrated a shared understanding of how social and personal connections and the ability to do things they enjoy are important to consumers, and described how service delivery times are kept flexible for this purpose so as to accommodate consumers’ needs.

The service demonstrated how information about the consumer’s condition, needs and preferences is communicated within the service and with others, where responsibility for services and supports for daily living is shared. The workforce said they have access to various documentation capturing information related to each consumer and demonstrated knowledge of consumers’ individual needs and preferences.

The service demonstrated referrals are timely and appropriate to connect consumers with services and supports that others in the wider community provide. Consumers are provided with a booklet containing a list of external services available within the area. Management described the process for sending referrals and how information is shared between parties with the consumer’s consent. Documentation review identified discussion with consumers and the offer by management to organise referrals, where required.

Whilst consumers said they are provided one choice of meal each day and do not receive a menu, they provided positive feedback regarding the meals and advised meals are of good quality and quantity and meet their needs and preferences. The service purchases prepared and packaged meals from the local community-operated health service kitchen. Meals are prepared under an approved food safety plan and council accreditation. The service workforce collects meals daily and delivers to consumers. Management advised the service has a meal committee that conducts quarterly meetings to discuss feedback regarding meals and to design the menu for the next quarter. Management advised they will initiate providing consumers with a copy of the menu in response to feedback received.

# 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 said they are aware of how to submit feedback or make a complaint to the service. Whilst most consumers said they had not had a reason to make a complaint, they said they would feel comfortable to do so. Management described how information on how to make a complaint is provided to consumers on commencing with the service, such as by referring to information in the consumer booklet and service website, or by speaking with management or the service’s workforce directly.

Consumers said they are comfortable in raising concerns or feedback directly with management and are aware of external agencies they can contact to raise a complaint. Management advised, and a review of documentation identified consumers are provided information on advocacy services and other methods for raising and resolving complaints. Information is provided via the service’s consumer booklet and website. The service’s management and workforce demonstrated knowledge of how to access interpreting services for consumers, if required.

Consumers who had previously raised concerns with the service confirmed management had taken appropriate actions to resolve their complaints and they were happy with the outcome. Management and the service’s workforce demonstrated an understanding of utilising open disclosure through the complaints handling process and described its application. Review of the service’s feedback and complaints register demonstrated feedback and complaints are documented, responded to in a timely manner, and open disclosure processes are used.

The service demonstrated feedback and complaints are documented, reviewed, and analysed to improve the quality of services. Whilst the service has only one consumer complaint received in the past 6 months prior to the Quality audit, management advised complaints and feedback from the service’s workforce is also captured and utilised to inform improvements. The service provided documentary evidence to demonstrate where feedback provided directly to service workforce such as a consumer’s dislike of a specific meal is not documented under the complaints register, it is acted upon immediately. Review of committee meeting minutes identified feedback and complaints are reported and reviewed regularly to identify trends and improvements to the quality of care and services.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers expressed satisfaction with workforce levels and said meals are delivered on time. Where a member of the workforce is unavailable, consumers are consulted and offered alternative delivery arrangements. The workforce said they have sufficient time to deliver services in accordance with consumers’ needs and preferences. Management oversees workforce planning to ensure continued capacity to meet consumer needs effectively.

Consumers provided positive feedback regarding the service’s management and workforce, and said they are kind, caring, and respectful. Management and the service’s workforce spoke about consumers in a respectful and caring manner and demonstrated knowledge of each consumer’s individual background and preferences.

Consumers expressed confidence in the training and competence of the workforce. The service’s workforce undergo training, including induction, orientation, and buddy shifts prior to commencing service provision. Management advised monitoring processes are in place to ensure records such as criminal history checks, vaccination records, and driver’s licenses are current and up to date. The workforce receives training on various topics such as in relation to open disclosure, consumer deterioration, and the use of new equipment used for meal deliveries.

The service evaluates workforce performance regularly through informal discussions. The workforce reported management discusses any areas for support with them. Management described how consumer feedback is used as part of ongoing monitoring of the workforce’s performance, with positive feedback communicated and any concerns addressed promptly through direct discussions.

# 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

The service engages consumers in developing and evaluating services through encouraging feedback via telephone, face to face meetings, and to volunteers during meal delivery. The service currently caters to 8 consumers within a small rural community and therefore volunteers and management personally know each consumer and understand their needs. The service’s management and Board members also undertake meal delivery and have face to face contact with consumers which provides an opportunity to seek feedback and consider improvements to service delivery. Consumers said they are satisfied with the service and appreciate their involvement.

The service’s Board consists of 3 volunteers and management comprises volunteers holding senior positions in the community-based and operated Clifton Community Home Care Services (CCHS), co-located in the Clifton Community Health Services precinct which operates a hospital and aged care services. Meals are prepared in the health service’s kitchen where food safety compliance is ensured. Review of meeting minutes identified the Board receives a range of information including but not limited to, feedback and complaints, incidents, and financial reporting. Meetings are conducted quarterly or bi-annually.

The service demonstrated effective systems and processes in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The workforce demonstrated knowledge of identifying and responding to abuse and neglect, supporting dignity of risk in consumers, and incident reporting processes. Review of documentation identified regular toolbox talks and informal meetings are conducted on various topics to assist the workforce such as in relation to consumers living with dementia and consumer deterioration. Risks to individual consumers are identified and documented to guide the workforce in service delivery and to ensure consumer safety.

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)