Performance

Report

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| Name of service or service group: | Performance report date: |
| Coolum & District Meals on Wheels | 11 July 2022 |
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| Coolum Beach Meals on Wheels Inc | 25 May 2022 – 27 May 2022 |

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 Coolum & District Meals on Wheels **(the service**) has been prepared by J ZHOU, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

* CHSP - Meals, 4-7Z50265, 17 Santa Monica Avenue, COOLUM BEACH QLD 4573

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

* The Assessment Team’s report which was informed by their 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 13 June 2022.

# 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 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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 |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

The Assessment Team interviewed various consumers and their representatives about the way the service treats them, and interviewed staff and volunteers asking them to explain how they provide services and treat consumers with dignity and respect. Relevant documentation was also reviewed to corroborate findings.

Consumers and their representatives described in different ways how they felt they are treated with dignity and respect by the service. Volunteers and staff take time to chat to them about topics that interest them, discuss any concerns they have and are flexible in changing their meal choices and delivery days to suit their specific preferences.

Interviews with service management and staff, combined with supporting documentation demonstrates that the service takes a consumer-centred approach to service delivery. The following examples were noted:

* Service volunteers and staff take time to chat to consumers about topics that interest them and discuss any concerns they have.
* The service is flexible in changing consumer meal choices to suit the consumer’s specific preferences.
* One consumer advised the few times they were hospitalised, they partnered with the service to stop his meals. Once the consumer was discharged, they could resume the meal services. A review of service documentation verified this information was well documented.
* Consumer allergy information is detailed in the system which staff verify when they enter meals that consumers have selected from the menu. If the meal selected contains ingredients that the consumer is allergic to or is not a preferred ingredient, staff will contact the consumer to arrange an alternative.
* Consumers/representatives described being able to request invoice and statements as per their preference via email or hard copy. Consumers who prefer to pay cash are provided a client payment card that delivery volunteers fill out with a running balance as they do not provide change at the time of delivery.
* The service coordinator advised that the service has recently implemented individual logons and passwords for individual staff to access the electronic meal delivery system to increase access security to the system.

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.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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

The Assessment Team interviewed consumers and the workforce to determine whether assessment and planning are undertaken in partnership with the consumer and reviewed relevant documents.

Consumers/representative described in different ways their satisfaction with the service they receive, citing processes in partnership in the assessment and planning processes of the service.

Service documentation evidenced embedded processes drive a safe and effective service that addresses each consumer’s needs, goals and preferences and is reviewed regularly. For instance, the service was able to demonstrate that its consumer information is regularly reviewed when circumstances change, incidents occur and when consumers make changes to meal selections and delivery options. Service records evidenced compliance with this standard.

* One consumer has impaired vision. Instructions are on file regarding his vision issues and poor mobility meaning he could be slower to answer the door. The consumer also owns a small animal and workers are instructed not to pet the animal. Workers also know that if the consumer does not answer the doorbell, they are to contact the office and wait for instructions.
* The service coordinator described the assessment, including talking to consumers/representative about the consumers goals, needs and preferences.
* The service coordinator described how consumers/representatives participate in the consumer’s assessment and planning process and this aligned with the feedback from consumers/representatives. Where the consumer is unable to participate, they involve their representative, EPOA or substitute decision maker in the process. If there are any concerns regarding the consumer the designative representative is contacted by the service.
* Consumers/representative are able to access information from the service upon request and provided positive feedback on the information they are provided from the service.
* The Assessment Team noted consumers whose information identified their meal delivery services were suspended while they went on holidays or experienced hospitalisation which evidences the services regularly review its consumer care plan to reflect changes.

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

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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 |
| 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 |
| 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 |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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 |

## Findings

The Quality Standard for CHSP services for Coolum Service and District (MOW) is not applicable under this standard as this meal delivery service does not deliver clinical care services to the consumers.

# Standard 4

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

## Findings

The Assessment Team interviewed a range of consumers to assess their customer experience and interviewed the service staff to establish how supports optimise consumer independence for daily living.

Overall sampled consumers shared positive experiences and explained how they receive services for daily living that are important for their health and well-being which allow them to live as independently as possible. For this service, this means consumers are delivered meals according to their needs, goals and preferences.

Service documentation evidenced embedded policies and procedures designed to support service staff in delivering meals according to the consumer’s preferences.

Consumer meal choice and the delivery details are recorded and made available to all service staff.

* Consumers spoke of the freedom connected with knowing meals will always be delivered on time which allows them to pursue other activities that optimises their independence, health and wellbeing.
* The service includes a themed gift with its meal delivery on special holidays such as Christmas which lifts the spirits of its consumer cohort.
* Consumers spoke of being able to arrange for meals to be delivered to their neighbours if they are out on social engagements.
* Service staff communicate regularly with consumer representatives if they notice a deterioration in the consumer’s living conditions or their appearance so extra care can be arranged if necessary.
* Management advised when they receive a referral from ‘My Aged Care’ (MAC) for a meal delivery service and the consumer refuses the meal delivery service, they will provide this information to MAC.
* Consumers/representatives sampled provided positive feedback about the meals, reporting there is sufficient choice available to meet their needs and preferences. Consumers said the meals were of good size, quality and quantity and they were able to order smaller meal portions if they preferred and were able to make changes to items they had initially ordered.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as six of the seven specific requirements have been assessed as Compliant, and one requirement was not applicable to the quality review.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 |
| 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 |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

## Findings

The Quality Standard for CHSP services for Coolum Service and District (MOW) is not applicable under this standard as this is a meal delivery service and the service does not operate a respite centre that consumers attend on a regular basis for activities including meals.

**Standard 6**

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| Feedback and complaints | | CHSP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

The Assessment Team interviewed several consumers and their representatives who explained in different ways they considered the service encouraged and supported them to give feedback and make complaints. Overall consumers and their representatives were satisfied with the service and described not needing to raise complaints but stated they feel comfortable and safe to do so.

Service documents evidenced the presence of embedded policies and procedures to guide service staff in taking corrective action when things go wrong. Apologies are issued by the service and relevant action is taken to address causes and reduce recurrences. Open disclosure is part of the service’s usual business practice.

The service evidenced through its policy and staff interviews that it seems input and feedback from consumers and their representatives. This information flows back to management who uses it to drive continuous improvement within its operations and at service level.

* The service documents verbal complaints received and record outcomes. Consumers sampled confirmed they are comfortable raising complaints with the service, and the consumers who have complained in the past were satisfied with how the service handled their complaint.
* The service provides information to consumers/representatives on internal and external complaints mechanisms and advocacy services in their Coolum Meals on Wheels consumer brochure. A list of useful contact details for a variety of community, health and government services is listed within the brochure including translation services and relay contact details.
* Acknowledgement and apologies are issued to consumers as part of the complaints handling process.
* A review of the service complaints data demonstrates how the organisation monitors, reports and uses feedback to improve their services. Consumer complaints in relation to meal dissatisfaction have been recorded in the complaints register and actions taken by the service to resolve the complaint are documented. Furthermore, the organisational Plan for Continuous Improvement (PCI) identified feedback received from consumers preferring to pay with credit card instead of cash resulted in this payment option being provided over the phone.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant, and one requirement was not applicable to the quality review.

**Standard 7**

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

## Findings

The Assessment Team interviewed several consumers and representatives who overall described in similar ways that they feel the staff know what they are doing.

The organisation demonstrated an adequate workforce which comprised a mix of paid and volunteer staff who appeared adequately skilled to deliver safe and quality services in accordance with the Quality Standards.

Service staff described having sufficient time and information to carry out their jobs efficiently and effectively. The service provides all required protective personal equipment to its staff, monitors mandatory staff vaccinations, personal licencing and carries out employment screening processes such as police checks.

* The service coordinator advised they have access to a pool of volunteers available to fill unexpected shift vacancies to ensure meals are delivered according to the consumers preferred routine and usual schedule. Sampled consumers/representatives expressed high satisfaction levels with staff and volunteers, reporting the workforce is sufficient to ensure they receive their meal delivery in accordance with their individual needs and preferences.
* Consumers/representatives sampled provided positive feedback in relation to their interactions with the workforce and said staff and volunteers are respectful, caring and understanding.
* The service employs retired registered nurses and health professionals as volunteers who describe how they continue to lean on their experience to undertake their role and share knowledge with other members of the volunteer workforce. Staff and volunteers reported they are provided with the necessary tools and knowledge to competently undertake their roles and confirmed they are required to provide evidence of relevant qualifications, vaccination status, driver’s licence and current criminal history check prior to commencement. Management continuously monitor staff and volunteer practices regularly through engagement with consumers, their representatives and other staff such as delivery driver buddies and mentors.
* Feedback from consumers/representatives and experienced staff and volunteers is used to assess the performance of each member of the workforce. Consumers are asked to provide verbal feedback in relation to staff and in the event a performance issue is identified, the service coordinator actions through direct discussion with the staff member or volunteer. The service has a policy in place to guide such occurrences.

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

**Standard 8**

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| Organisational governance | | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| 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 |
| 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 |
| 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

The Assessment Team found through interviews with several consumers and representatives that the organisation was considered well governed and that consumers are partners in the development delivery and evaluation of care and services. The management committee promotes a safe, quality meal delivery service and communicates its expectations of the workforce through policies and guidelines. The workforce demonstrates behaviours and values consistent with a culture of safe, inclusive, respectful meal service delivery. Volunteer guidelines highlight the importance of being reliable, respecting confidentiality, and being non-judgemental. The organisation’s governance framework has set leadership/management roles and responsibilities for the management committee, service-based leadership and personnel, including accountability for maintaining standards of quality and oversight.

Interviews with service management corroborated by service documentation evidenced that there were sufficient policies, procedures and guidelines to support service delivery according to consumer requirements. Inclusivity and respect for consumers is promoted across the service.

The service’s governing body has established processes and frameworks to ensure it is governing the service in a way that aligns with the Quality Standards. Its information management is robust and user friendly. A mix of hard copy run sheets, electronic records on consumer information, rosters via email and information flyers with payment options are within circulation and used effectively. With respect to financial governance, the service provides invoices and receipts to consumers on a regular basis and payments are made weekly unless otherwise arranged. Consumers have the option to pay by bank transfer, cheque or cash at the time of delivery.

The workforce are aware of their role and management’s expectations upon commencement, a job description and role responsibilities are provided to potential volunteers and workers are informed of relevant policies and procedures which guide best practice service delivery in a multitude of contexts.

There is an effective risk management system in place to capture and manage any risks that may arise in connection with the delivery of meals to consumers. For instance, staff and volunteers undertake welfare-based observations during times of delivery and promptly report incidents or signs of consumer deterioration. At a whole of service level, it is evident incident outcomes inform preventative action and risk mitigation and treatment strategies, appropriate to the context of service delivery.

The service coordinator receives legislative updates from the Meals on Wheels Head office, from external organisations such as the Department of Health in relation to COVID-19 matters, the Department of Social Services in relation to program content, and via the Governing body (Management committee). The service has embedded regulatory compliance systems and processes to ensure the organisation is complying with relevant legislation, regulatory requirements, professional standards and guidelines.

Management partners with other agencies to receive legislative updates and regulatory compliance requirements.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as four of the five specific requirements have been assessed as Compliant, and one requirement was not applicable to the quality review.

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-2)