**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Crookwell Meals On Wheels |
| Commission ID: | 200486 |
| Address: | 54 Goulburn Street, CROOKWELL, New South Wales, 2583 |
| Activity type: | Quality Audit |
| Activity date: | 4 October 2023 to 6 October 2023 |
| Performance report date: | 3 December 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 Crookwell Meals On Wheels (**the service**) has been prepared by M Abjorensen, 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8038 Crookwell Meals on Wheels Service Inc  
Service: 24182 Crookwell Meals on Wheels Service Inc - Community and Home Support

# 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)

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 stated they are treated respectfully and with dignity at all times. The service coordinator and volunteers demonstrated a knowledge of the consumer’s preferred name, personal circumstances and acknowledged their food preferences. Information under Requirement (3)(e) in Standard 2 shows the service has assessment and planning processes which include making a phone call to consumers on their birthday.

Volunteers and management demonstrated they were aware of each consumer’s individual circumstances and backgrounds. The organisation has policy documentation to guide culturally safe services and supports and delivers training related to cultural safety.

Consumers said they are supported to make their own decisions about the meal service they receive and gave examples of how the organisation supports them to be as independent as possible. Documentation reviewed evidenced consumer and/or representative involvement in decisions in the form of file notes and support plan.

Management advised, and documentation showed, instructions provided to consumers on the storage and safe consumption of meals provided. Where consumers require additional support due to memory changes, volunteers encourage consumers to start the meal while in their presence.

Consumers said they receive written information in a way they can understand and that enables them to make informed choices. This includes monthly invoices, client handbook upon entry and a regular community newsletter.

The service has a Privacy and confidentiality policy informed by legislated requirements. Consumers are provided with information about the collection uses and disclosure of their personal information and this is evidenced in the client information booklet.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 provided positive feedback on the assessment and service planning processes. Support plans include a home environment risk assessment, health care information from medical officers, hospital discharge letters, My Aged Care referrals and a non-response to a scheduled visit plan individualised for each consumer. Dietary requirements and allergies are listed on all support plans.

Consumers said that they feel that the service takes their preferences and needs into consideration while providing their meals and described the ways services meet their goals, consistent with information recorded in care documentation.

All consumers and the two representatives said that they felt they were involved in the intake, assessment and planning process and they had their families or friends present where they wanted. Support plans contain documentation from providers of care and services that are involved in the care of the consumer, for example, medical officers.

Support plans are provided to consumers. Volunteers access run sheets to inform consumer service supports. Volunteers stated the delivery run sheet provides all the information they require, and they know consumers meal requirements because they check the consumer details and meal they are delivering.

To meet consumer preferences to complete less paperwork, the service conducts reviews of care and services via regular check-ins with consumers regarding their services, and if any updates are required, will note these in comments or on the run sheets provided to volunteers. All sampled support plans had been updated or edited within the past 12 months and file notes added post hospitalisation or a change in condition or circumstances

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Personal care and clinical care is not delivered. Standard 3 is not applicable.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

Consumers provided examples of how the meal delivery service enhances their quality of life. Support plans capture consumers goals, needs and preferences and any other notes that would assist with safe care and service delivery.

The service coordinator, management and volunteers said that welfare checks, and emotional and psychological support are important elements of their role. They said they regularly check in on consumers, especially those that live alone, and follow up with family or representatives when required. Consumers said they look forward to the social interaction when the volunteers deliver the meals.

Volunteers reported they always check in with the consumers to see how they are when delivering the consumers their meals. Consumers provided examples of how the volunteers provide opportunities for social engagement and how meals delivered frees up time to engage with interests, and connect with their community.

Consumer information is communicated through connected processes to ensure coordinated information is shared within the organisation. These include, volunteer run sheets, kitchen diaries, consumer support plans and staff meetings.

The service supports consumers with referrals to other organisations and providers within the local area. The community newsletter, delivered to consumers, contains information regarding other support services in the township and surrounding areas.

Meals are prepared in the kitchen at the local Crookwell hospital, and delivered freshly cooked to consumers around lunchtime, on the consumer’s preferred schedule. While there is no menu planner, consumers said they enjoy the meals, they have variety, and their dietary requirements, and preferences are met. Consumer survey results showed high levels of consumer satisfaction with the meals provided. The service has a Food safety standard policy and meal service policy guiding alignment with the current guidelines.

The service does not provide equipment to consumers. Requirement (3)(g) is not applicable.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

The organisation does not have service environment. Standard 5 is not applicable.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 interviewed said that they were aware on how to provide feedback or make a complaint and feel comfortable and encouraged to do so by the service. The service has multiple mechanisms for consumers to provide feedback, including, bi-annual survey, a feedback form provided with the consumer handbook, verbal feedback provided to volunteers at time of delivery, and ringing the service coordinator.

Consumers said that they recalled receiving information about advocates and feedback and complaints methods in the handbook they were provided at intake. The service coordinator said that they have a close relationship with advocacy services at the local hospital and would assist consumers to contact the required service at any time. The service has an Advocacy Policy that provides guidance for staff on how they can assist consumers to access advocates.

Although consumers interviewed had not recently raised complaints with the service, they said that they would be confident the service would take appropriate action to any concerns they may have. Staff and management demonstrated an understanding of open disclosure principles in relation to resolving complaints. The open disclosure policy provides a definition of open disclosure, and encourages a culture in the organisation where feedback and complaints will be openly discussed, and explanations given to consumers where things have gone wrong.

Management reported, and documentation showed, the volunteer committee meet regularly to discuss complaints, feedback to inform improvements to services. The Assessment Team provided examples of where feedback has been used to improve the consumer experience relating to meal delivery times.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Workforce planning occurs to ensure sufficient volunteers and staff are available to deliver services, respond to unplanned leave and manage risks that may arise, such as, emergency plans for a non-response to a scheduled visit.

Consumers and representatives interviewed all spoke positively about their interactions with staff and volunteers, and said they get along well. Staff and management said that due to the small, tight knit community of the local area, many volunteers, staff, and consumers have known each other or their families for long periods of time, and there is good rapport between consumers and the service.

Consumers interviewed said they thought staff and volunteers know what they are doing, and they do not have to repeat instructions. Management reported, and documentation showed, staff/volunteers are recruited based on knowledge, experience and personal attributes to support the consumer cohort and meet consumer preferences.

Staff, management and volunteers said that there is ongoing training provided within the community for all those that wish to attend. New volunteers are supported to learn the role through buddy shifts. Management advised, and documentation showed, the service conducts volunteer surveys to identify training needs and understand the skills mix within the workforce.

Annual performance appraisal processes occur for paid staff, while volunteer performance appraisals occur via discussions in relation to their role, any challenges or other support needs.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 |
| 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

Consumers are engaged in the evaluation, design and delivery of services through surveys. Survey results showed consumers are satisfied with the current quality of services delivered.

The service has a voluntary committee of ten members that govern the service and have oversight over its operations. All members are heavily involved in the day-to-day running of the organisation, and all members are also drivers and regularly complete delivery runs. The committee has quarterly meetings together with the service coordinator to discuss agenda items such as incidents, complaints, business improvements, finance and community engagement.

The service demonstrated effective organisation wide governance systems relating to the following:

* information management;
  + The service has information stored both hard copy and in an electronic management system, however, primarily accesses information hard copy. Although information is located in multiple different areas, staff members interviewed know where to locate information regarding consumers and other areas.
* continuous improvement;
  + Continuous improvement activities are identified from consumer feedback and suggestions, volunteer suggestions and through discussions at meetings.
* financial governance;
  + Monthly profit and loss balance sheets provided to the committee, inclusive financial updates relating to government funding, consumer payments and invoices
* workforce governance, including the assignment of clear responsibilities and accountabilities;
  + All paid staff and volunteers are provided job descriptions which included clear sections for responsibilities, desired knowledge and qualifications, hours of work and remuneration.
* regulatory compliance;
  + The organisation receives information regarding legislative changes and regulatory requirements through federal government communications and organisational webinars and emails
* feedback and complaints
  + The service has an effective system in place relating to feedback and complaints and could demonstrate how they would respond to a complaint if received.

The service demonstrated effective risk management systems and practices, for example:

* The service has a suite of policies and procedures relating to managing risks associated with consumers, including the assessment policy, SIRS, and emergency management policy.
* The service has arrangements with local emergency services to assist during times of natural disaster or other emergencies to ensure consumers are safe and still receiving a meal if required.
* Workforce training on identifying and responding to elder abuse and neglect was delivered face to face by a local police officer.
* Staff and volunteers said they would report any concerns relating to elder abuse or neglect to the service coordinator or management and ensure a consumer was safe if a situation of abuse was identified.
* All staff are trained on responding to and reporting, including reported incidents to the serious incident response scheme.

The service does not deliver clinical care. Requirement (3)(e) is not applicable.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

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)