Performance

Report

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| Name of service or service group: | Performance report date: |
| Crows Nest Meals on Wheels | 5 July 2022 |
| Commission ID: | Activity type: |
| 700496 | Quality audit |
| Home Service Provider: | Activity date: |
| Crows Nest Meals on Wheels Incorporated | 10 June 2022 to 14 June 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 Crows Nest Meals on Wheels (**the service**) has been prepared by A.Grant, 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

* Meals, 4-7Z502IB, 5/25 James Street, CROWS NEST QLD 4355

# Material relied on

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

* the assessment team’s report for the quality audit; the Assessment Team 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 4 July 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. |
| 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. |
| 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. |
| 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. |
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| 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. |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. |
| 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. |
| 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;   feedback and complaints. |
| 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   managing and preventing incidents, including the use of an incident management system. |

# 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 consumers and representatives their statements showed they are always treated respectfully and with dignity by volunteers and management. Consumers and representatives stated during interviews volunteers are very caring and polite when they deliver their meals and help if required. Volunteer drivers interviewed by the Assessment Team described how they show respect to the consumers by addressing them by their preferred name, taking time to talk to them and acknowledging their preferences for how meals are delivered or if consumers ask for assistance with their meals. Evidence analysed by the Assessment Team showed the service discusses the Charter of Aged Care Rights with consumers and that consumers are told about their right to have their dignity maintained, be treated with respect and how the service supports the identity, culture and diversity of consumers when delivering their meal service.

During interviews with the Assessment Team volunteers made statements that indicated they were not familiar with the term ‘cultural safety’ and had not received training in the delivery of culturally safe services, however volunteers’ statements during interviews proved they knew what the delivery of culturally safe services means in practice. They described how they adapt the way services are offered to meet the individual needs and preferences for each consumer. Management stated during interviews with the Assessment Team they work with the consumer and any other people they want to involve, so that their cultural preferences and needs can be understood, as required. Evidence analysed by the Assessment Team including policies and procedures demonstrated an inclusive, consumer-centred approach to service delivery.

Consumers and representatives interviewed by the Assessment Team described how consumers are supported to make their own decisions about the meal service they receive and the way the service is delivered. For example, when interviewed Consumer A and Consumer B stated they prefer to have their meals delivered through their back door. While two consumers when interviewed stated they would like more choice about the main meal options available, all consumers and representatives stated when interviewed the service offers a choice of soup, main meal, dessert or juice and consumers can choose to have one or all options delivered. Consumers and representatives interviewed by the Assessment Team stated that they can choose how they pay for their meals, with some consumers choosing to pay cash on delivery.

Consumers and representatives interviewed by the Assessment Team did not indicate that consumers have made choices that are possibly harmful to them or if they did choose, would be discouraged by the service from taking calculated risks. Volunteers interviewed by the Assessment Team stated they report any risks observed in consumers’ homes and this is discussed with the consumer and/or their representative by management.

Consumers and representatives interviewed by the Assessment Team stated they receive written information in a way they can understand, that enables them to understand the meal delivery service they receive. This includes a consumer handbook, the Charter of Aged Care Rights and invoices that they find easy to understand. Consumers and representatives stated they contact the service by telephone or speak with the volunteer drivers as needed. Consumers and representatives interviewed confirmed they were informed of the Quality Review and that they could speak to the Assessment Team.

The Assessment Team interviewed consumers and representatives who stated they felt confident that volunteer drivers and management respect the consumer’s privacy about their meal service and they are confident the consumer’s personal information is kept confidential. Volunteer drivers and management interviewed by the Assessment Team demonstrated an understanding of their responsibilities in relation to maintaining confidentiality, acknowledging this is important when services are provided in a small town where everyone knows each other. Evidence analysed by the Assessment Team showed consumers are provided with information about the collection, uses and disclosure of their personal information. Consumer information is stored in a secure filing cabinet and in the electronic care planning system. Evidence analysed showed the service has policies and procedures in place in relation to privacy and confidentiality.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as six of the six 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

## Findings

Evidence analysed by the Assessment Team showed assessment and planning, including consideration of risks to the consumer’s health and wellbeing, does not inform the delivery of safe and effective care and services. Evidence analysed showed the service undertakes a service-level assessment when a consumer commences their meal delivery service including a home safety check. However, evidence showed key risks for each consumer were not consistently identified or assessed, and strategies to manage those risks were not documented in a care/services plan or on the run sheet information used by volunteer drivers to guide service delivery. Evidence analysed by the Assessment Team showed while the service asks consumers whether they have any dietary needs and restrictions, they rely on the consumer to nominate the information the consumer considered relevant to their nutritional and dietary needs; further enquiry is not pursued to ensure all factors are considered and risks identified and mitigated. For example:

* Evidence analysed showed Consumer D reported to the Assessment Team that she was allergic to mushrooms, resulting in an anaphylactic reaction. Evidence showed Consumer D’s assessment and planning information documented an allergy to mushrooms and the run sheets reviewed documented no mushrooms next to Consumer D’s name. However, there was no alert that Consumer D is at risk of anaphylaxis. Management acknowledged during interviews with the Assessment Team they had not asked Consumer D what allergic reaction she experiences if she eats mushrooms, and they were unaware of her risk of anaphylaxis.

Evidence analysed by the Assessment Team showed the service did not adequately demonstrate how they assess the consumer’s functional capacity to manage the meals delivered to them, for example:

* Evidence analysed showed Consumer H has ongoing pain and arthritis that impacts on her ability to cook and prepare meals. Consumer H stated during interviews with the Assessment Team the volunteer drivers are helpful and will assist her with her meals when they deliver if required. While Consumer H was satisfied with the support she received from the volunteers, there was no evidence the service assessed the impact of her pain and arthritis on her ability to manage the meals delivered. There was no information documented on the run sheets to guide volunteers in understanding the support Consumer H may need.
* Evidence analysed showed Consumer J has severe osteoarthritis, and his service assessment documents the reason for the referral is that he is unable to prepare meals. Volunteer drivers described how they assist Consumer J with his meals, including pouring his soup ready for him to eat. Evidence showed the service assessment and run sheet information does not document Consumer J has severe osteoarthritis or that he requires assistance with his meal service. There was no evidence of risk assessment of Consumer J functional capacity to identify the impact of his osteoarthritis on what he can and cannot manage when his meals are delivered

Evidence analysed by the Assessment Team showed assessment and planning did not adequately guide the workforce in the delivery of safe and effective services for all consumers. Statements obtained from interviews with volunteers and management identified they were not aware of all risks for consumers and did not have sufficient information to support them in managing the risks for consumers, as part of the meal service. For example, volunteer drivers were unaware of Consumer K’s Parkinson’s disease or his associated risks including falls and swallowing risks.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning is based on ongoing partnership with the consumer and/or their representative; there was no evidence assessment and planning includes other providers involved in the care of the consumer. Evidence analysed by the Assessment Team showed the service could not clearly identify those consumers where other service providers were involved in their care, for example which consumers were receiving a Home Care Package (HCP) from another provider. Evidence showed where other organisations shared the care and services of consumers there was no evidence that assessment and planning include those organisations, including medical officers and/or allied health professionals where consumers have food allergies or dietary requirements. For example:

* Evidence showed Consumer L commenced with the service 23 February 2015 and commenced a level 4 HCP 9 November 2021 with another organisation. There was no evidence the service involved the HCP provider in assessment and planning for Consumer L, who has complex health care needs and risks associated with Parkinson’s disease, including high falls risks and swallowing difficulties. Although documented in Consumer L’s consumer record in MAC, management advised they were unaware Consumer L received a level 4 HCP through another provider.
* Evidence showed Consumer M receives a HCP through another organisation and was recently upgraded to a level 3 HCP. While management stated during interviews with the Assessment Team they have contacted the other organisation in relation to the payment of meals for Consumer M, they acknowledged they have not involved the HCP provider in assessment, planning or review of Consumer M’s care needs, or the risks associated with her chronic health conditions.

Evidence analysed by the Assessment Team showed the service did not demonstrate that outcomes of assessment and planning are effectively communicated to the consumer and documented in a care/services plan that is readily available to the consumer, and where care and services are provided. While consumers interviewed by the Assessment Team confirmed they are receiving the service they have requested, they confirmed when asked, that the service does not provide them with a copy of a care/service plan detailing the agreed meal delivery service they receive. Management confirmed a care/service plan is not developed for consumers and that information about the agreed meal service is not provided to the consumer and/or their representative during interviews with the Assessment Team. Evidence analysed by the Assessment Team showed the service had not considered the development of a care/service plan that specifies the support individuals receive.

Evidence analysed by the Assessment Team showed the service did not demonstrate each consumer’s care and services are regularly reviewed for effectiveness or when there are changes in the consumer’s needs and circumstances. Evidence analysed showed processes are not in place to ensure each consumer’s care and services are formally reviewed at least 12 monthly at a minimum, as required. The service does not meet the requirements set out in the CHSP program manual which states that CHSP service providers must undertake a review of services being delivered, at least every 12 months with the outcome of the review recorded on the consumer record.

Evidence analysed by the Assessment Team showed volunteer drivers undertake a wellness check of consumers each visit where they ask how the consumer is and document any concerns on the delivery run sheet. However, there was no evidence identified to demonstrate that when a change or incident is documented on the run sheet, that the service undertakes a review of the consumer’s care and services.

Evidence analysed by the Assessment Team showed while the service responds to information provided by consumers or their representatives or by volunteers regarding changes in the consumer’s needs and preferences, this is not actively sought on a regular basis. Evidence showed the service did not initiate regular consultation with each consumer to review their needs and ascertain whether there are any changes in circumstances.

Evidence analysed by the Assessment Team showed while assessment and planning did not identify or address all risks to the consumer’s health and well-being, this is considered in Requirement 2(3)(a). Evidence analysed showed the service demonstrated they do everything they reasonably can to plan services and supports that centre on the consumer’s needs, goals and preferences.

Consumers and representatives interviewed by the Assessment Team described in several ways how the current meal service delivery meets the consumer’s needs, goals and preferences and they have been listened to and their services are planned around what is important to them. For example, Consumer M stated during interviews she receives meals fortnightly and it is important that she remains independent.

During interviews with the Assessment Team management and volunteer drivers demonstrated they knew the consumers well and described how the meals provided and the way the meals are delivered, are tailored to individual needs and preferences for consumers.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as four of the five requirements have been assessed as not compliant.

# Standard 3

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

# 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. | Not 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 analysed evidence which showed that volunteers have access to consumer information that helps them provide a meal service that respects the consumer’s choices. However, the Assessment Team found based on the evidence analysed the service did not demonstrate that all volunteers have sufficient information about the condition and associated risks of consumers to support the delivery of safe and effective services. For example, select volunteers interviewed by the Assessment Team stated they worried about Consumer C and described how they help Consumer C when they deliver his meals. The Assessment Team identified during interviews with volunteers based on their statements they were unaware that Consumer C had Parkinson’s disease, or the risks associated with Parkinson’s disease relevant to Consumer C such as his high falls and swallowing risks.

During interviews with the Assessment Team management described the process for sharing information about consumer’s dietary requirements with the residential aged care facility that prepares and packages the meals delivered by the service. However, Consumer D advised the Assessment Team during an interview she was allergic to mushrooms and although the information shared with the kitchen staff at the residential care facility documented not to serve mushrooms to Consumer D, it was not documented that Consumer D had an allergy to mushrooms.

Evidence analysed by the Assessment Team showed the service did not communicate about the condition of consumers with other organisations or health professionals involved in the care of consumers and could not demonstrate they had identified where other providers are involved in the care of consumers. For example, management acknowledged during interviews with the Assessment Team they were not aware Consumer D commenced a higher HCP (level 3) 31 May 2022 or that Consumer A received a HCP with another provider. Documentation from My Aged Care identified Mr Consumer B commenced a level 4 HCP 9 November 2021.

Management confirmed during interviews with the Assessment Team they do not share information or communicate with other service providers where the care of consumers is shared. Evidence analysed showed for consumers who commence an HCP or receive a higher level HCP, it was identified the service was not receiving automatic notifications from My Aged Care. The area manager for Queensland MOW (QMOW) stated to the Assessment Team they had resolved the issue during the Quality Review and management advised this would prompt them in the future to communicate with the relevant HCP provider and share information about the consumer’s condition and services received. This could not be confirmed by the Assessment Team during the remaining Quality Review.

Consumers and representatives interviewed by the Assessment Team stated the service received is flexible and accommodating to the consumer’s individual needs and preferences and allows them to continue to do the things of interest to them and maintain their independence. For example, Consumer E stated during an interview with the Assessment Team she is unable to prepare meals due to her declining health and said having the meals delivered supports her to be as independent as possible at home. Consumer E stated to the Assessment Team the service she receives has made a big difference to her quality of life.

The Assessment Team analysed evidence which showed the service has an understanding of what is important to consumers and how the provision of a flexible service promotes the well-being of the consumer. Consumers and representatives interviewed by the Assessment Team stated the volunteer drivers take the time to talk to them and ask how they are. The Assessment Team obtained no specific evidence from consumers in relation to how they are supported when feeling low, however when asked, consumers stated they felt the volunteer drivers knew them well and if they were feeling low, the volunteers would support them if required. For example, Consumer E stated to the Assessment Team when interviewed she was confident the volunteer drivers and management would know if she was not well or felt down about things. Consumer E said she ‘has a lot on her plate at the moment with her health’ and the service is aware.

The Assessment Team found based on evidence analysed the services and supports for daily living assist consumers to take part in the community, interact with others and do things of interest to them. This evidence aligned with feedback from consumers and representatives. Consumers and representatives interviewed by the Assessment Team described how the service assists consumers to keep active and socially engaged. For example, Consumer B said the meal delivery service gives herself and her husband the freedom to do what they want to do.

The Assessment Team found based on evidence analysed the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other services and supports for daily living. While consumers sampled had not been referred to other organisations, some were already receiving additional home supports from other organisations. Management provided evidence to the Assessment Team where they have referred consumers to My Aged Care when they have received enquiries for services unable to be provided or when the person requires a referral code to receive the meal delivery service. Evidence analysed by the Assessment team showed management has a good understanding of organisations in the area to whom they could refer if required.

Most consumers/representatives interviewed by the Assessment Team provided positive feedback about the meals, stating the meals were a good size and of good quality. Evidence analysed by the Assessment Team showed consumers identified with special requirements including dietary restrictions, had their needs and preferences are adhered to. For example: Consumer F said she is happy with the meals and receives lactose free meals from the service to meet her needs.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as one of the six applicable requirements have been assessed as not compliant. Requirement 4(3)(g) is not applicable and therefore was not assessed.

# 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 standard is not applicable and therefore was not assessed.

**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. | Not compliant |

## Findings

Based on evidence analysed by the Assessment Team it was found feedback and complaints are not effectively captured, reviewed and analysed by the service. The evidence identified the service could not demonstrate how they use feedback and complaints received to improve the services they deliver to consumers.

The Assessment Team analysed evidence which showed the service has a feedback and complaints management policy describing feedback and complaints contributing to continuous improvement, however the service did not demonstrate, and evidence analysed did not indicate these policies have been implemented. The Assessment Team reviewed the service’s plan for continuous improvement (PCI), which did not demonstrate that complaints are documented, reviewed and used to improve services.

Evidence analysed by the Assessment Team showed the service has a complaint register in place and the Assessment Team had identified consumers and representative provided feedback and/or complaints to the service, however the complaints register was blank. For example: Consumer G reported that she has complained to the service that the quality of the food ‘had deteriorated in the last few months’ and she was told that the service had received similar feedback. The Assessment Team found no evidence of this feedback being captured by the service.

Management stated during Interviews with the Assessment Team their priority is to action and resolve individual complaints as they are received and acknowledged they do not capture feedback and complaints on the complaints register. As a result, the Assessment Team identified feedback and complaints are not being effectively captured and analysed to identify trends.

The Assessment Team analysed evidence and found the service does not have policies and procedures for the reporting and trending of complaints information at committee meetings. The Assessment Team provided this feedback to management during the Quality Review, management acknowledged this is an area for improvement and the gaps identified will be addressed as part of their continuous improvement plan.

Evidence analysed by the Assessment Team showed the service encourages and supports consumers and representatives to provide feedback and make complaints. Consumers and representatives interviewed by the Assessment Team stated they know how to provide feedback or make a complaint, and said they feel comfortable and safe to do so. During interviews with the Assessment Team consumers and representatives described how the service supports them to give feedback or make a complaint. During interviews with the Assessment Team the workforce described how they encourage and support consumers to provide feedback and complaints, consistent with policies and procedures. The workforce provided examples during interviews with the Assessment Team where they supported consumers to provide feedback and confirmed they resolve issues identified by consumers immediately by notifying management.

Evidence analysed by the Assessment Team showed the service ensured consumers and representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and representatives stated during interviews with the Assessment Team they are provided with information when they enter the service, about how to access external supports available for making complaints should they need to. Consumers and representatives stated during interviews they feel safe raising concerns with the service and those sampled either advocate for themselves or have a representative who can advocate on their behalf.

Evidence analysed by the Assessment team showed appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Statements from consumers and representatives during interviews with the Assessment Team demonstrated that most consumers who have provided feedback or made a complaint are satisfied with the action taken to resolve their complaint. Consumers interviewed stated they were satisfied the service acts appropriately and promptly when responding to complaints or feedback and have been satisfied with the action taken.

Management provided an example during an interview with the Assessment Team where a consumer had raised a complaint in relation to not receiving their complete order. On investigation it was identified the volunteer driver was not referring to the delivery run sheet and in response, the volunteer drivers involved were reminded of the importance to use the run sheet to pack the order, so the same error did not occur again. Management advised that the consumer was contacted, and they were satisfied with the service’s response.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as one of the four requirements have been assessed as not compliant.

**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. | Not compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Based on evidence analysed by the Assessment Team the service could not show the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards. Evidence analysed by the Assessment Team showed processes are not effective in ensuring the workforce receives the ongoing support, training and professional development they require to carry out their roles and responsibilities in delivering services to aged care consumers.

During Interviews with the Assessment Team management stated some management and volunteers had undertaken first aid training in the past, how ever further statements obtained indicate that the first aid qualifications are not current. The Assessment Team identified no evidence to show management or volunteers had received the following training relevant to the Quality Standards, including but not limited to:

* Complaints management, open disclosure and advocacy.
* Training in cultural safety.
* Dignity of Risk.
* Identifying abuse and neglect of consumers.
* Management and prevention of incidents, using an incident management system (IMS) to support a best practice.
* Training in the Quality Standards and the practical application relevant to the role and responsibilities.

During interviews with the Assessment Team management confirmed that training and/or information has not been provided in areas relevant to the delivery of meal services to consumers, to support the workforce in identifying and reporting changes in condition for consumers, understanding risks for consumers and communicating effectively with consumers.

During interviews with the Assessment Team management and volunteers described the recruitment and orientation process at the service, including buddy shifts for volunteers when they first commence. However, the Assessment Team identified no evidence of a system in place for how training and recruitment processes are monitored for effectiveness and how additional training requirements are identified and delivered.

The Assessment Team noted based on the evidence analysed it is expected that organisations support members of the workforce to take up training, learning and development opportunities, so they can meet the needs of their roles and the outcomes required by the Quality Standards. Evidence analysed showed the service did not demonstrate this occurs for all volunteers.

Evidence analysed by the Assessment Team showed the workforce is planned to enable the delivery and management of safe and quality services. Consumers and representatives interviewed stated volunteers always turn up when they expect them. During interviews with the Assessment Team statements from consumers and representatives demonstrated the workforce is sufficient and consumers get quality services when they need them.

During interviews with the Assessment Team management stated there have not been any unfilled shifts in the last month and when required, volunteers who are not scheduled are available to fill unexpected shift vacancies. Management described during interviews the impact of COVID-19 on volunteer availability on some occasions and advised there has been no impact for consumers.

The Assessment Team noted management and volunteer driver interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided positive feedback during interviews with the Assessment Team in relation to their interactions with the workforce. Consumers and representatives stated in various ways how the management and volunteers are kind, caring, respectful and helpful. For example: Consumer H said they live in ‘such a small town and I know many of the volunteers. They are very polite and caring and would always take the time to chat. If I ever needed anything they would always help out where they could.’

Evidence analysed by the Assessment Team showed the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Consumers and representatives stated during interviews with the Assessment Team they have confidence in the workforce and feel the workforce is competent and skilled. The workforce described how they work within their skills, qualifications and knowledge base during interviews with the Assessment Team. Management confirmed to the Assessment Team all mandatory requirements are tracked and monitored including police checks, car registration and insurances.

Evidence analysed by the Assessment Team showed the service undertakes regular assessment, monitoring and review of the performance of each member of the workforce. Evidence analysed showed while the service does not undertake a formal review of the volunteer workforce, management described during interviews with the Assessment Team how they regularly monitor their performance through observation and feedback from management, consumers and representatives. Consumers and representatives stated to the Assessment Team they are satisfied with the volunteers providing their meal delivery service and they perform their roles well.

Management advised the Assessment Team during interviews they use feedback from volunteers, consumers and representatives as part of the monitoring process. Evidence analysed by the Assessment Team showed while formal performance assessment and reviews do not take place with volunteers; management was able provided evidence where they have regular discussions with volunteers on an ongoing basis and these discussions provide opportunities for feedback to be provided in relation to their roles and responsibilities and how they are performing. Evidence showed when required, management discuss any performance concerns with volunteers face to face in the office.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as one of the five requirements have been assessed as not 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. | Not 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. | Not 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. | Not 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. | Not 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

Evidence analysed by the Assessment Team showed the service did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

During interviews with the Assessment Team management acknowledged they do not have organisation wide systems to engage with consumers or seek feedback from consumers in relation to their experience or the quality of the services they receive. The president made statements to the Assessment Team where they acknowledged this is an area for improvement and said the management committee would discuss how the service will engage with consumers in the future, for example the re-introduction of consumer satisfaction surveys.

Evidence analysed by the Assessment Team showed the service could not demonstrate how it applies effective governance systems to meet the requirements of the Quality Standards where consumers feel they are partners in improving the delivery of care and services.

The Assessment Team considering statements from management during interviews and an analysis of the evidence provided, the governing body did not demonstrate it is accountable for and committed to promoting a culture of safe, inclusive and quality aged care services that meet the outcomes of the Quality Standards. Evidence analysed by the Assessment Team showed management did not demonstrate an understanding of the Quality Standards and acknowledged the management committee and volunteers have not received training or information regarding the Quality Standards and what it means for them in the delivery of safe, inclusive and quality services to consumers.

Evidence analysed by the Assessment Team showed while the management committee receives information about the operational performance of the service and there was some evidence of discussion about improvements required, the management committee did not demonstrate it understands and sets priorities to improve the performance of the service against the Quality Standards and as a provider of aged care services. For example:

* Evidence showed there is no process in place for identifying the training needs of workforce relevant to the outcomes required by the Quality Standards.
* During interviews with the Assessment Team management and volunteers did not demonstrate understanding of the Quality Standards and the requirements of the CHSP guidelines and how they apply to their role in a practical way.
* Evidence showed the management committee does not receive the information it needs to identify risks to consumers to ensure the delivery of safe and effective care.
* The Assessment Team identified insufficient evidence that feedback and complaints are used to improve the quality of services. Management acknowledged during interviews with the Assessment Team they do not trend, analyse or report complaints or incident data.
* Management acknowledged recommendations for improvement documented in their PCI will be implemented by 30 July 2022 that explains how the service will meet its obligations in relation to the service and the Quality Standards.

#### Information management

Evidence analysed by the Assessment Team showed the management committee did not demonstrate that there are systems in place to support management and volunteers in meeting all the outcomes required by the Quality Standards. For example:

* While there are policies and procedures, approved by the management committee on 22 September 2020, these do not reflect the processes and practices in place as demonstrated in the deficiencies identified by the Assessment Team as part of the quality review.
* The service has an electronic care planning system, however there is limited information contained in the system to support management and volunteers in their roles.

#### Continuous improvement

Evidence analysed by the Assessment Team show the service did not demonstrate effective continuous improvement systems and processes in place to assess, monitor and improve the quality and safety of care and services provided by the service. There was insufficient evidence to demonstrate the service had effective quality systems that assess how well the service’s systems are working to improve the quality of care and services.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

Evidence analysed by the Assessment Team showed management did not demonstrate they had the required knowledge of aged care programs or the requirements of the Quality Standards to effectively perform their roles. Evidence analysed showed volunteers do not receive the ongoing support, training, professional development and feedback they need to meet the needs of aged care consumers and deliver the outcomes the Quality Standards describe.

#### Regulatory compliance

Evidence analysed by the Assessment Team showed the service did not demonstrate they meet their responsibilities and accountabilities as a provider of aged care services. For example:

* Compliance with the Quality Standards is not demonstrated, as reflected in this report.
* While the service provided the Assessment Team with a PCI, it had not been implemented and it did not explain how the service will assess, monitor and improve the quality of care and services, measured against the Quality Standards.

#### Feedback and complaints

Evidence analysed by the Assessment Team showed while the service has a complaints management system, complaints and feedback received are not effectively captured, reviewed and analysed or used to improve the quality of services for consumers. Based on the evidence analysed the service did not demonstrate effective continuous improvement processes where they regularly review and improve how they manage complaints. Refer to Standard 6.

Evidence analysed by the Assessment Team showed the service does not have effective risk management systems and processes that help them identify and respond to risks and incidents for consumers. Aged care providers are expected to have an effective incident management system (IMS) and practices to manage risks associated with the care of consumers. The Assessment Team noted the management committee did not demonstrate understanding of the outcomes of this Requirement.

Evidence analysed by the Assessment Team showed key risks associated with aged care consumers were not adequately identified, addressed or monitored through assessment and care planning processes. Refer to Standard 2(3)(a). Incident forms were provided to the Assessment Team on request, however management acknowledged they did not keep an incident register to record and capture information about incidents. The Assessment Team noted based on the evidence analysed management and volunteers did not demonstrate understanding of what the risks are at the service or what constitutes an incident.

One volunteer interviewed by the Assessment Team explained they often had concerns about Consumer N’s health and well-being but acknowledged they did not record these concerns on the delivery run sheet as requested by management. Instead, they will verbally advise management following the delivery run.

The Assessment Team noted based on the evidence analysed management and volunteers did not demonstrate they know what harm, abuse and neglect looks like for aged care consumers and there was no evidence that policies or procedures support the workforce to understand their roles and responsibilities for identifying and reporting abuse.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as four of the four applicable requirements have been assessed as not compliant. Requirement 8(3)(e) is not applicable and therefore was not assessed.

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)