**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Crows Nest Meals on Wheels |
| Service address: | 5/25 James Street CROWS NEST QLD 4355 |
| Commission ID: | 700496 |
| Home Service Provider: | Crows Nest Queensland Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 3 January 2023 |
| Performance report date: | 01 February 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 Crows Nest Meals on Wheels (**the service**) has been prepared by M Balukovska, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24933, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Non-compliant |
| **Standard 8** Organisational governance | Non-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.

* **Requirement 7(3)(d)** The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* **Requirement 8(3)(c)** Effective organisation wide governance systems relating to the following:

information management, continuous improvement; financial governance;

workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; feedback and complaints.

* **Requirement 8(3)(d)** Effective risk management systems and practices, including but not limited to the following:

managing high impact or high prevalence risks associated with the care of consumers;

identifying and responding to abuse and neglect of consumers;

supporting consumers to live the best life they can

* managing and preventing incidents, including the use of an incident management system.

# 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)(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

At the time of the performance report decision, the service is:

* Partnering with consumers/representatives to ensure that assessment and planning are effective in assessing individual consumers’ needs, goals and preferences.

The service demonstrated that it undertakes assessments that capture consumers meal preferences, dietary requirements, preferred method of collecting information and any special delivery instructions. Information captured and recorded is then transferred to the internal client management system for a collective service view.

Addressing previous non-compliant findings the service has taken initiative and has embedded practices to support the service delivery as outlined below:

* The service has implemented new client record form. The new form captures information on specific dietary requirements, health information and the frequency and type of meals requested by the consumer. The form prompts the person completing it to ask the consumer what reaction they may have if exposed to an allergen.
* The service is now reviewing the My Aged Care (MAC) portal when a new consumer commences services to review their support plan for additional information.
* Access to the MAC portal has been provided to additional committee members.
* The Assessment Team sighted completed client record forms for 2 consumers and confirmed the assessment information was collected and recorded.

Consumers interviewed advised they are highly involved in the planning of the service they receive, they are able to choose their meals and how frequently they should be delivered. The service has initiated a process to follow if a consumer transitions to a different funding program and frequently engaging with the other services providers involved in the consumers care.

Consumers and representatives interviewed confirmed they are able to change details such as the frequency of meal deliveries as needed. The service plan takes the form of a delivery run sheet, which identifies the consumer, the delivery address and any special instructions, in relation to the meal or the delivery. In addition, the service is including individual ‘support plans’ in the body of the welcome letter consumers receive on commencing services. This details what type of meal the consumer receives and the days and frequency of delivery. The volunteers report the delivery run sheet provides all the information they require to deliver meals, according to the consumer.

Management reported reviews, in the form of welfare checks, are undertaken during each meal delivery. This was confirmed by consumers/representatives and observed recorded on run sheets. On an ongoing basis, delivery run sheets are updated when the service is informed of any necessary changes, such as cancellation of service, changes to dietary requirements or changes to delivery instructions. The service is commencing more formalised reviews from February 2023 consumer’s preference. The service also maintains electronic records for each consumer.

Based on the information supplied I as the decision maker find requirements: 2(3)(a), 2(3)(c), 2(3)(d) and 2(3)(e) compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | CHSP |
| 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 |

Findings

At the time of the performance report decision, the service is:

* Communicating information relevant to the consumer’s meal delivery needs and preferences within the organisation and with other relevant parties.

Volunteers could describe how the organisation keeps them informed of consumers’ needs and preferences and how they are informed of any changes to the consumer’s condition, as it relates to their responsibility. Management gave examples of, and documentation confirmed, sharing information with others involved in providing services to individual consumers, including a HCP provider and the kitchen preparing the meals. The service has embedded practices to ensure consumer updates are a standing agenda items for the bi-monthly committee meetings, information regarding new consumers or existing consumers is provided to volunteers, notification are clear and received by the service when a consumers transition to other funding programs and a transition policy is now in place that outlines the process to follow when consumers transition between funding programs.

Based on the information supplied I as the decision maker find requirement 4(3)(d) compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

At the time of the performance report decision the service is:

* ensuring feedback and complaints are reviewed and used to improve to quality of care and services.

The service reported they receive very few complaints. The committee president demonstrated understanding of using any feedback received to make improvements, however there have been few opportunities to do so. Meeting minutes confirmed feedback is discussed at bi-monthly committee meetings. A complaint raised by a consumer has been recorded in the feedback register and actions taken by the service to prevent reoccurrence are documented. The service has developed practices and process to ensure a feedback register is in use, that is reviewed at each committee meeting. The service is demonstrating the above practice as it has developed and distributed a survey to all consumers that delivered a positive response.

Based on the information supplied I as the decision maker find requirement 6(3)(d) compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |

Findings

At the time of the performance report decision the service is not:

* Supporting their volunteer workforce through training and professional development opportunities to deliver safe and effective care.

The service was not able to demonstrate the workforce is trained, equipped and supported to meet the needs of aged care consumer and to ensure compliance with the Aged Care Quality Standards. Volunteers interviewed advised they have not received any training in the last year to support the delivery of care and services.

Committee members and volunteers have not undertaken any training recently to enhance their skills and knowledge to provide care and services. The committee at the time of the audit advised a further discussion will be held to ensure the training and development requirements are addressed. The continuous improvement plan sighted by the Assessment team, included new training requirements to be implemented such as complaints management, incident management, dignity of risk, cultural safety and identifying abuse and neglect.

Based on the information supplied I as the decision maker find requirement 7(3)(d) non-compliant.

# 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. | Non-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. | Non-compliant |

Findings

At the time of the performance report decision the service is:

* Providing consumers/representatives the opportunity to give feedback to improve the effectiveness of the meal delivery service.
* Promoting a culture of safe, inclusive and quality care through communication of consumer’s needs and preferences as required.

At the time of the performance report decision the service is not:

* Providing a structure to support the volunteer workforce through ongoing training to ensure they understand their accountabilities and responsibilities.
* Utilising a risk management plan to identify and manage risks to consumers and service provision.
* Utilising an incident management system to collate and trend incidents to inform and enhance service provision.

At the time of the audit the service demonstrated that consumers and representatives are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Formal feedback processes have been implemented with the Assessment Team reviewing 2 completed meal satisfaction surveys, noting the opportunity for consumers to provide comment, compliments and feedback to the service.

The service was able to demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body provides oversight of the delivery of quality service delivery and is responsible for overseeing policies and procedures to meet regulatory requirements and the Quality Standards.

The service did not demonstrate effective governance systems relating to workforce governance. The service did demonstrate effective systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The enhancement of volunteer workforce to ensure they are adequately equipped and supported is still in its development phase with training programs identified, however with the new committee forming in October 2022 this has not been progressed. Please refer to Requirement 7(3)(d) for further information.

The service was not able to demonstrate it has effective risk management systems and practices to safely manage risks, manage and prevent incidents. The service was not able to demonstrate how it uses an incident management system to improve its performance on the delivery of quality care and services.

Management advised the service is small, and the volunteers state they are aware of their consumer’s need’s, however structure, support, and training has not been provided to ensure the volunteers understand how to recognise vulnerabilities or identify and respond to potential incidents of abuse and neglect.

Based on the information supplied I as the decision maker find requirements 8(3)(a) & 8(3)(b) complaint and requirements 8(3)(c) & 8(3)(d) non-compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)