**Performance**

**Report**

**1800 951 822**

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| Name: | Dalby Meals on Wheels Inc. |
| Commission ID: | 700586 |
| Address: | Worthington House, 9 North Street, DALBY, Queensland, 4405 |
| Activity type: | Quality Audit |
| Activity date: | 23 July 2024 to 24 July 2024 |
| Performance report date: | 16 September 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8040 Dalby Meals on Wheels Incorporated  
Service: 24937 Dalby Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Dalby Meals on Wheels Inc. (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information known by the Commission

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard. An assessment summary is not provided for Standard 3, Requirement 4(3)(g), Standard 5 and Requirement 8(3)(e) as these are not within the scope of the service.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated with kindness and respect. Staff were familiar with the information in relation to each consumer’s preferences and choices and demonstrated that consumers’ diverse lifestyles were considered when delivering meals to consumers’ premises. Planning documentation included details of consumers’ identity and preferences.

Consumers said staff know what is important to them and accommodated their preferences and needs. Staff access information at the time of meal delivery to ensure the service is culturally safe. Planning documentation included the option for consumers to share their cultural background, relevant food requirements and information specific to delivery of their meals.

Meal choices are made independently by the consumers who said their decisions were actioned by the service and they received the meals they ordered. Consumers said changes are accommodated easily. Processes to ensure consumers receive their preferences was demonstrated by staff. Planning documentation included the details of representatives, other service providers, and communication preferences.

Consumers said they can make choices about their meals and the meal delivery service supports them to live in their own home. Management discusses risks with consumers in relation to types of foods and any relevant health conditions. Planning documentation included information regarding allergies, modified textures and provision for risk information in line with the consumers’ preferences.

Consumers said they are happy with the information they receive from the service, and it is easy to understand. Consumers are provided with information when their services commence and at other times when it is requested or updated as needed. An onboarding pack included a Client and Carers Guide and the Charter of Aged Care Rights.

Consumers said the service respects their privacy and confidentiality. Processes to collect and store consumers’ information ensures privacy is maintained. Management demonstrated the importance of maintaining consumers’ privacy. Confidentiality and privacy agreements are signed by staff and planning documentation is stored in a locked filing cabinet accessible to authorised staff.

I have considered the information within the Assessment Team report as summarised and the consumer experience. I find this Standard compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers said services provided meets their needs and preferences and considers their well-being. The My Aged Care assessment is used to gather information, with additional information gathered during initial and ongoing planning. Planning documentation included consumers’ preferences, allergies and other relevant information to deliver safe and effective care and services. Planning documentation captures client record forms, meal plans and consent forms.

Consumers said they are receiving meals in the way they prefer, including modified textures or exclusions due to preferences when needed. Planning documentation included emergency contacts and staff work with consumers to organise delivery times and preferences. Advance care planning information is included in the Client and Carers Guide.

Consumers said the service ensures their involvement and other relevant individuals in the planning and delivery of appropriate meals. Management consult with the consumer and those the consumer choose, as well as consider information from other health services as required.

Staff discuss consumers’ needs and preferences, which are documented, and consumers have access to their documentation if requested. Management and kitchen staff have access to information on consumers’ daily meal delivery sheets which are used to ensure meals are made in accordance with individual care needs and preferences.

Consumers said they communicate with the service when circumstances or preferences change. A formal annual review is completed for care and services. The service updates relevant care planning documentation between these reviews as required when there has been a change of circumstances.

I have considered the information within the Assessment Team report as summarised and the consumer experience. I find this Standard compliant.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers said staff assist them when delivering their meals which supports them to remain independent in their homes. Management demonstrated healthy and nutritious meals are important to the consumers’ health, well-being and quality of life and the service provides opportunity to interact with the service’s staff.

Consumers said they find all those involved with the service are friendly, approachable, and easy to communicate with. Consumers said the service enhances their emotional and psychological well-being, as the staff provide conversation, a regular visitor and not just meals. Management and staff were familiar with many of the consumers and their families. Consumers felt staff can recognise when they are not feeling themselves and will stay and have a chat with them.

Consumers said the service provides flexibility with their meal delivery and will work with consumers to ensure meals are delivered in a way they prefer. Meal options include cold, hot and frozen, with options for delivery or pick up. Consumers can change the time of delivery to accommodate their social well-being.

Staff demonstrated an understanding of consumers’ needs and preferences. Meal delivery sheets contain information relevant to delivery of meals to make sure the right meals get to the right consumer. Kitchen staff are advised of consumers’ needs and preferences, including allergies.

Consumers said the service is well regarded in the community and works with other clubs and services in the community. Consumers said they felt comfortable to ask for any assistance to organise further care and services if needed. Staff help consumers when their conditions change and the community connection they have established help them in this process.

Consumers are satisfied with the quality and quantity of the meals provided. The kitchen has a variety of meal choices and follows food safety program standards to ensure meals are appropriate for all consumers’ needs. Planning documentation included information about each consumer’s dietary requirements and food preferences.

I have considered the information within the Assessment Team report as summarised and the consumer experience. I find this Standard compliant.

# Standard 6

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

Findings

Consumers said they feel comfortable raising concerns with staff or management. Feedback is collected through direct discussions, annual surveys and quarterly meetings with consumers. Feedback received from consumers when meals are delivered is provided to management for follow up.

The service informs consumers of methods for raising and resolving complaints. Consumers are provided with a Client and Carers Guide which includes information regarding the complaints process, advocacy and translation services as well as information to make a complaint to the Commission. Volunteer information packs include information regarding internal and external complaint avenues available to consumers.

Consumers expressed confidence management would address complaints, resolve any concerns or act on feedback promptly. Management and staff demonstrated a shared understanding of processes to follow when a complaint is received, including undertaking an open disclosure process of providing an open and transparent approach to resolution and apologising when things go wrong.

The service has an effective process to review, analyse and trend feedback data. Feedback, complaints and preferences are documented in a feedback register and improvement strategies are established where required. Feedback is used to help the committee to develop projects to improve the service and these are discussed at monthly committee meetings.

I have considered the information within the Assessment Team report as summarised and the consumer experience. I find this Standard compliant.

# Standard 7

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

Findings

The service demonstrated the number of, and the mix of workforce members is planned to meet the service needs of consumers. Consumers are satisfied with the meals received and when and how they are delivered. Consumers are satisfied with the workforce, and provided positive feedback about management and staff who undertake the administration or deliver the meals.

Consumers said staff are kind, caring and respectful of their identity and culture. Management and staff spoke of consumers in a kind and caring way and knew consumers’ backgrounds and individual preferences. Management monitor staff interactions with consumers to ensure they are undertaken in a kind and caring way.

The organisation has human resources policies, procedures and guidelines including training processes to ensure the workforce is competent and has the knowledge and compliance criteria to effectively perform their roles. Position descriptions are available to staff. Induction programs and practical training with support staff is provided. Deficiencies identified within the Assessment Team report regarding monitoring of regulatory requirements was known to the service and proactively actioned.

The service has processes for the recruitment, induction, and onboarding of the workforce, as well as ongoing mandatory training. Mandatory training topics are completed by paid staff and management. Training days are provided each quarter.

Performance reviews are undertaken annually for staff. Individual performance concerns are discussed in a timely manner, to ensure staff performance meets the organisation’s expectations.

I have considered the information within the Assessment Team report as summarised and the consumer experience. I find this Standard compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Consumers said they can provide feedback on service delivery. Avenues for consumers to be involved in the evaluation of services included annual surveys, quarterly consumer ‘catch ups and the review of ad-hoc feedback. All consumers said the service is well run, and they can have a say on how things are done. The service is a part of the local community with agreements with other community organisations in their constitution which allow for engagement from the community and consumers.

The service demonstrated they are accountable for the delivery of the services they provide and have the consumers at the centre of their decision making. The Board meets monthly to discuss all aspects of business including financial, quality, workforce, feedback and complaints, incidents and quality improvement.

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrated a framework and policies to manage risk and respond to incidents at the service including high impact or high prevalence risks and the identification of abuse and neglect of consumers. The service identifies risks to consumers through consultation prior to the commencement of service delivery and staff observations. Staff induction programs include identification and reporting of abuse and neglect, and the Serious Incident Response Scheme (SIRS). Incidents are recorded in the incident register, actioned and reviewed during Board meetings.

I have considered the information within the Assessment Team report as summarised and the consumer experience. I find this Standard compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)