**Performance**

**Report**

**1800 951 822**

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| Name of service: | Deception Bay Meals on Wheels |
| Service address: | Cnr Ewart St and Bayview Terrace DECEPTION BAY QLD 4508 |
| Commission ID: | 700439 |
| Home Service Provider: | Deception Bay Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 19 December 2022 |
| Performance report date: | 18 January 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 Deception Bay Meals on Wheels (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24939, Cnr Ewart St and Bayview Terrace, DECEPTION BAY QLD 4508

# 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, and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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.

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| 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 |

# 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

Through evidence collected by the Assessment Team, the service demonstrated how assessment and planning informs the delivery of safe and effective services, with consideration to consumer risks, health and wellbeing. The service evidenced how assessment and planning processes have been revised to identify relevant information related to each consumer, for example, assessment includes discussions with consumers and representatives to explore consumer meal preferences, whether assistance is required during meals, food allergies, oral health or swallowing needs to inform meal textures and preparation, relevant sensory impairments or mobility requirements. The Assessment Team provided examples of where assessment and planning has identified specific consumer risks, dietary preferences, allergies or needs to inform service delivery.

The service demonstrated how assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Through interviews with management, and review of consumer documentation, the Assessment Team found the service maintains current information pertinent to consumer needs and preferences in relation to meal services. Consumer documentation was tailored, according to each consumer’s specific needs and requirements, and informed through discussions with consumers and representatives.

The service demonstrated assessment and planning is based on an ongoing partnership with consumers, and others. Management advised the Assessment Team of communication protocol improvements which has resulted in greater consultation with consumers, evident through increased consumer feedback and points of communication within the service. For example, the kitchen supervisor told the Assessment Team they regularly communicate with consumers and representatives in person, via telephone, text and email. Volunteers provide any feedback and/or requests from consumers to the kitchen supervisor. Where others are involved in the care of the consumer, the kitchen supervisor involves them in discussions on the consumer’s needs, goals and preferences and in reviewing any changes to these. The Assessment Team provided examples of how the service consults with consumers to engage them, and others, in assessments to ensure services are informed through current consumer information.

Through evidence collected by the Assessment Team, the service demonstrated how the outcomes of assessment and planning are effectively communicated to the consumer and documented in a services plan. While the Assessment Team reported that not all consumers were provided with a copy of the service plan in writing, management advised service plans will be accessible to consumers in the near future. Volunteers and staff interviewed by the Assessment Team demonstrated how they access relevant consumer information including what meals each consumer required on a daily basis and how these were to be prepared and delivered to meet the consumer’s needs.

The service demonstrated how consumer services are reviewed every 12 months or in response to a change in consumer circumstance, needs, goals or preferences. The Assessment Team reported 50 consumers have been at the service over the past 12 months and all of these consumers’ services have been reviewed within this timeframe. Reviews identified whether any changes were required, sampled consumers evidenced increases in the number of meals received and planned liaisons with other health providers relating to consumer dietary needs.

# 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| 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. | Not applicable |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not applicable |

Findings

The Assessment Team reported the service has planned actions to document position descriptions for staff and volunteers and formalise policies, procedures and training within the organisation. The Decision Maker is satisfied that the service has evidenced completed corrective actions have resulted in the outcomes required by these standards, specifically relating to assessment and planning. For this reason, the Decision Maker is confident the planned actions will be delivered, as communicated by Management to the Assessment Team.

The Assessment Team provided evidence which demonstrated consumers are receiving safe and effective services which are based on their needs, goals and preferences; additionally, staff and volunteers demonstrated knowledge of their role, and where to find the correct information to support to perform their role. On balance, the Decision Maker finds the service has a competent workforce, equipped with the right knowledge and information to effectively perform their roles.

# 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. | Not applicable |
| 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. | Not applicable |
| 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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

The Assessment Team provided evidence demonstrating organisational governance systems are effective in support staff and volunteers to deliver safe and effective services to consumers. While the Assessment Team found policies are procedures are not yet developed, the Decision Maker is satisfied that governance systems function effectively. Evidence of these effective systems is found in the improvements implemented for assessment and planning where staff and volunteers can access accurate information to perform their role and consumers are engaged in ongoing consultation to ensure their services meet their current needs. Continuous improvement actions are evident through the corrective actions taken between Quality Reviews. The Decision Maker notes organisational deficits in documented policies and encourages the organisation to implement documented framework. However, on balance, the evidence collected by the Assessment Team demonstrates organisation wide systems are effective, in relation to the services delivered.

While the service demonstrated risks to consumers are managed through assessment and planning procedures, the organisation has not implemented, or adhered to, legislated requirements relating to the Serious Incident Response Scheme. The Decision Maker acknowledges the service is currently developing policies, procedures to inform workforce training, and this approach, if applied to SIRS, should enable the organisation to return to compliance in relation to effective risk management.

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)