Performance

Report

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| Name of service or service group: | Performance report date: |
| Eurobodalla Meals on Wheels Cooperative Ltd | 20 July 2022 |
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| Eurobodalla Meals on Wheels Cooperative Ltd | 27 June 2022 to 29 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 Eurobodalla Meals on Wheels Cooperative Ltd (**the service**) has been prepared by J Taylor, 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, 4-7XUI6FI, Shop 6, 73 Vulcan Street, MORUYA NSW 2537
* Social Support - Group, 4-7XUI6IL, Shop 6, 73 Vulcan Street, MORUYA NSW 2537
* Social Support - Individual, 4-7XUI6LO, Shop 6, 73 Vulcan Street, MORUYA NSW 2537

# Material relied on

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

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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.

# 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 |
| 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

To understand the consumer’s experience, the Assessment Team reviewed a sample of consumers about the way the service treats the consumer to ascertain if they are treated with dignity and respect. The Assessment Team interviewed volunteers asking them to advise how they ensure the consumer is treated with dignity and respect and reviewed relevant documentation.

Consumers interviewed said they felt they are treated with dignity and respect. Consumers interviewed confirmed they felt staff and volunteers understand their needs and preferences and that their service is delivered in a way that makes them feel safe and respected. Consumers receiving Meals on Wheels (MoW) said they are supported to make their own decisions about the meal service they receive and gave examples of how the organisation supports them to be as independent as possible. Consumers attending the social support group and those receiving individual social support, described how they are able form and maintain relationships of their choice.

Staff interviewed described how consumers are supported to take risks and make informed decisions. For example, consumers attending the group social support sessions were offered an outing to the zoo however, some consumers with mobility concerns were hesitant to attend. The service contact consumers and provided assurance there would be support and encouraged consumers to participate. All consumers attending advised they felt supported.

Consumers and their representatives said they receive written information in a way they can understand, that enables them to make informed choices. This includes, invoices, menu order forms, activity programs and regular newsletters.

A review of documentation and interviews with Management, staff and volunteers demonstrated a consumer-centred approach to service delivery. Those involved understand individual consumers and the organisation provides enough information to enable consumers to make informed choices.

There is recognition and inclusion of the consumer’s cultural diversity that allows them to exercise choice and independence whilst maintaining their privacy. Management reported, and the Assessment Team observed, that consumer records are secured in a locked cabinet and all electronic records are password protected.

# 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. | 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. | 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. | 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. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands, applies, monitors, and reviews the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked Management how assessment and planning is undertaken in partnership with the consumer and reviewed relevant documents.

Consumers interviewed expressed in various ways they are happy with the service they receive, are involved in planning the service they receive, and said that it meets their current needs, goals, and preferences. They reported they can choose what meals they have and how frequently they are delivered.

A review of documentation and interviews with Management, staff and volunteers, confirmed there are processes in place to deliver a safe and effective service that addresses each consumer’s needs, goals and preferences. For example:

The Assessment Team reviewed the electronic consumer management system and saw information collected on each consumer included key information such as allergies, mobility, home risk assessment and consumer goals.

The daily run sheets provide all information required for consumers including special requirements for the meal and its delivery, special dietary concerns, delivery address, delivery instructions including access to premises and hazards at the consumer’s environment which the volunteers use for the delivery of meals.

* The centralised management system provides alerts for outstanding care plan reviews and for care plans that will soon be due. The Assessment Team identified 3 outstanding reviews. One review the coordinator had made an appointment to meet with the consumer face-to-face due to a hearing impairment. The remaining two outstanding care plans involved consumers who were away on holidays.

Volunteers interviewed demonstrated an understanding of the processes to follow if consumers do not respond to a scheduled visit and, as a reminder, a laminated Emergency Response fact sheet is on the clipboard provided to each volunteer. Volunteers interviewed reported they have relevant and current information about consumers to enable them to deliver safe services.

Management and staff interviewed reported reviews are undertaken on a yearly basis or if there is a change in circumstances. This was confirmed by consumers interviewed who said they call the service if they have a change of preference, and the service is always responsive.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not applicable |
| 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

## Findings

This Standard was deemed Not Applicable as the service does not provide personal or clinical care.

# 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. | 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

Consumers interviewed stated the service supports them in daily living and enables them to live independently by providing them meals, assist with transportation that enables them to continue shopping, and can safely participate and socially interact with others in the community. Consumers interviewed receiving both group and individual social support services, said that these services contributed to their overall emotional and psychological well-being.

Consumers interviewed receiving group or individual social supports said that they feel the service provides them with opportunities to do things that are meaningful to them. This included going shopping, experiencing new cafés and restaurants, or going to places where they wouldn’t normally go. They also felt they are able to make suggestions and recommendations on what they would like to do or go.

Staff interviewed described how the assist consumers to do activities that are important to them and how consumer feedback contributes to the group activity program.

Management interviewed said consumer independence and quality of life is important to the service. This is demonstrated when planning and providing supports and services, by working closely with the consumer and ensuring flexibility. For example, group social events are usually selected by consumers based on what is available from the service.

The service demonstrated it has a number of communication systems in place to ensure staff know consumer needs and preferences and were advised when changes occurred in their care and services. This included consumer information located on run sheets used by volunteers for meal deliveries, and for staff, the centralised management system.

The service demonstrated how referrals for consumers to other services are made when required. For example, when staff identify deterioration of a consumer, or when the need for additional supports and services to enable them to remain at home has been raised or identified. Management advised assistance is provided to consumers to contact My Aged Care to seek a new assessment, if required.

The service demonstrated how they monitor meals ordered with consumer allergens, meal preferences or dietary requirements. These are self-reported by the consumer, and captured on the centralised management system. Key ingredients of meals are loaded into the centralised management system, and when orders are placed and entered into the system, and alert will appear if the consumer is unable to eat the meal. Management will then contact the consumer to cancel or substitute the meal. Volunteers also provide information from consumers such as meal likes or dislikes and this is also captured in the centralised management system.

# 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. | Compliant |
| 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. | Compliant |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers interviewed said that the service and volunteers generally know them, and they felt safe receiving supports and services from the service. Interviews with the workforce confirmed they knew consumers.

The areas used by consumers were observed to be clean, welcoming, and enabled easy access and ability to move around both indoors and outdoors.

Equipment used by the service was clean and well maintained and the ongoing maintenance schedule was observed by the Assessment Team. The service demonstrated all equipment including vehicles, furniture, and items used in meal delivery are regularly cleaned and maintained.

**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. | Compliant |

## Findings

Consumers interviewed said they know how to provide feedback or make a complaint, and said they felt comfortable and safe to do so. Consumers discussed actions taken by the service when they have provided feedback or raised a complaint and were satisfied with the outcome.

The volunteer workforce interviewed described how they support consumers to provide feedback and confirmed they resolve issues identified by consumers immediately or report it to the staff at the service. The workforce demonstrated an understanding of the open disclosure process and the service provided documentation on how the service actions feedback and complaints.

The service demonstrated effective mechanisms for consumers to provide feedback and make complaints. Consumers are aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The service evidenced policies and procedures in place for the reporting and trending of complaints information. The relevant policies viewed by the Assessment Team included the Complaints and Feedback Policy and the Continuous Improvement Policy.

**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. | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers interviewed were satisfied there were enough staff to deliver care and quality services, and staff advised they were allocated enough time to complete the services. Consumers interviewed said the service is caring and respectful. For example,

Two consumers interviewed said the volunteers and staff are quite nice; and

One consumer said the drivers on the bus are excellent and look after elderly people.

The service has systems and processes to ensure there are enough staff to deliver safe, quality care and services.

The service provides training, and management advised that all new staff are offered buddy shifts and orientation on commencement which was confirmed by staff and volunteers interviewed. Management interviewed said where possible, opportunities for training are sought from outside providers, and staff and volunteers attend the training, for example the service recently undertook first aid training for staff and volunteers held at the service.

Annual performance reviews are conducted for all staff. Feedback on staff or volunteer performance is received from a number of sources including: supervisors, consumers, volunteers or observations of daily tasks. Where issues are identified, or an incompetency identified, retraining or guidance is provided by management.

**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. | 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. | 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. | 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. | 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

Consumers interviewed advised they are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation. For example:

The service has a Food Panel Committee which is one of three committees reporting to the Board. The committee comprises seven members that includes three Board members, staff, and volunteers. Two of the volunteers are also consumers. The panel is tasked to sample new meals.

The service has a voluntary Board that meets every month, with each Board member serving a two-year tenure. The service demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The service demonstrated effective governance systems. The service has a centralised management system that records consumer, volunteer and staff information; maintenance; rostering; and meal orders which is secure. The service has documented a number of areas of improvement in the continuous improvement plan which is also a standing agenda item for all Board meetings. The service demonstrated effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. All staff and volunteers interviewed described their roles and responsibilities clearly. Volunteers were able to describe lines of communication within the service. The service has systems and processes in place to ensure the service is complying with relevant legislation, regulatory requirements, professional standards, and guidelines. The service has several feedback mechanisms that include: informal and formal feedback, care planning processes and consumer surveys.

The service advised volunteers receive training on elder abuse during induction, and the information pack provided to consumers includes information pertaining to the duty of care and responding to abuse of clients.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)