Performance

Report

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| Name of service: | Performance report date: |
| Gatton Meals on Wheels | 9 August 2020 |
| Commission ID: | Activity type: |
| 700536 | Quality audit |
| Approved provider: | Activity date: |
| Gatton Meals on Wheels Inc | 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 Gatton Meals on Wheels (**the service**) has been considered by J Zhou, 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

* CHSP - Meals, 4-7Z4E6XL, 6 Robeck Road, GATTON QLD 4343

# Material relied on

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

* The Assessment Team’s report which was informed by observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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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 as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **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 | | Compliant |
| 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

According to the quality audit carried out by the Assessment Team, consumers and representatives interviewed at the service confirmed they are treated with dignity and respect from staff and they felt their identity, culture and diversity is valued.

For this service this means staff took the time to chat to them about topics that interest them, address them by their preferred name, discuss any concerns they have and are flexible in changing their delivery days or meal choices (for hot, frozen or salads) to suit their specific dietary and/or ingredient preferences. Consumers and representatives said they receive information to enable them to make decisions about meal services.

A review of documentation and interviews with management, staff and delivery volunteers, demonstrated a consumer-centred approach to service delivery. The workforce demonstrated an understanding of individual consumers and the service provides information to enable consumers to make informed choices.

Staff interviewed described how consumers privacy is respected and described how consumer information is secured.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

According to the Assessment Team’s quality audit report, the evidence showed the sampled consumers are happy with the service they receive, they are involved in the planning of the service they receive and that it meets their current needs, goals and preferences.

For this particular service, the consumers participated in the selection of ingredients for meals and planning of service delivery times and this meets their current needs, goals and preferences.

Consumers provided feedback that staff and volunteers treat them as individuals and know their circumstances and history. Outcomes are effectively communicated with the consumers upon any changes to arrangements.

The workforce is responsive to its consumer cohort with particular vulnerabilities. Welfare checks are conducted prior to departing consumer homes where the consumer has severe vision loss for example. The Assessment team sighted evidence that the service plays a role in partnering with other organisations that provide care to its consumers.

A review of documentation and interviews with the service coordinator and the delivery volunteers, confirmed there are processes in place to deliver a safe and effective service that addresses each consumer’s needs, goals and preferences and is reviewed regularly.

# Standard 3

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| Personal care and clinical care | | Not-applicable |
| Requirement 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 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 |
| Requirement 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 |
| Requirement 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 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 Quality Standard is not applicable under this standard as this meal delivery service does not deliver personal and clinical care services to the consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

## Findings

According to the Assessment Team’s findings during their quality audit, they were satisfied the provider is meeting its obligations under this standard based on the following evidence (summarised):

* All meals are cooked by the Gatton Hospital for the MOW service and meal options include hot, salads, frozen, soups, desserts, fresh fruit and fruit juice. There is not a menu for consumers/representatives to choose from however they can choose specific meal types, detail dietary requirements and/or ingredients they do not wish to be in their meals. Consumers, representatives, care staff from consumer’s HCP providers can arrange to pick up meals from the Gatton Hospital through the MOW service.
* Consumers said they feel supported by the service, as most of the volunteer delivery and staff are members of the local community, the delivery volunteers often stop by for a chat and this helps the consumers to be updated on current community activities and news.
* Consumers interviewed said they like the food provided by the service and are supported to provide feedback regarding their meals, delivery time frames and preferences. Consumers and representatives advised they are in regular contact with the staff at the service and delivery volunteers and are able to make changes to their meal selection and delivery times and this is important for their health, well-being and enables them to live as independently as possible and enjoy life. Consumers/representatives said that meals are delivered according to their needs, goals and preferences.
* A review of documentation and interviews with the service coordinator, and volunteers, confirmed there are processes that support volunteers to deliver meals according to the consumer’s preferences and in a way that ensures consumers feel socially connected and can have control over their lives.

# Standard 5

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| Organisation’s service environment | | Not-applicable |
| Requirement 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 |
| Requirement 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

## Findings

The Quality Standard is not applicable under this standard as this is a meal delivery service and the service does not operate a service environment that consumers attend on a regular basis for activities including meals

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Assessment Team’s report found that overall sampled consumers/representatives considered the service encourages and supports them to give feedback and make complaints.

A review of documentation and interviews with management confirmed that when things go wrong, an apology is given, and actions are taken to reduce a recurrence.

The organisation demonstrates it seeks input and feedback from consumers/representatives and the workforce and uses this information to inform continuous improvement activities.

**Standard 7**

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| Human resources | | Compliant |
| 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 Assessment Team’s report found that overall sampled consumers/representatives considered the service delivery is well planned, the workforce is competent and contain a mix of volunteer and paid staff members who are all kind and caring to the consumers they service. The meals are delivered in a way that is respectful of consumer’s identify, culture and diversity.

A review of documentation and interviews with management and the mainly volunteer workforce confirmed guidelines and training support the delivery of services according to consumer preferences.

The organisation demonstrates it has a workforce that is sufficient and has the appropriate skills and knowledge to support the delivery of safe and quality services that meet the Aged Care Quality Standards.

The principally volunteer workforce is recruited, equipped and supported (for instance, through buddy systems, formal annual performance reviews and more) to prepare and deliver meals that meet consumer needs, goals and preferences and achieve the outcomes required by the Quality Standards.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 |
| 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’s report found that overall sampled consumers/representatives considered the organisation is well run and partners with them to ensure the services they require (for this service, that means meals) are delivered in a way that meets their needs, goals and preferences. For instance, consumers/representatives described how they are encouraged to provide input into how things are run through regular formal and informal communication and engagement practices including an anonymous survey and spoke of the ways they are supported to participate in evaluation activities.

The workforce demonstrates behaviours and values consistent with a culture of safe, inclusive, respectful meal service delivery. A review of documentation and interviews with management and the mainly volunteer workforce confirms there are policies, procedures and guidelines that support the delivery of services according to consumer preferences.

The Management committee has established processes to demonstrate it is accountable for providing governance systems to support the delivery of safe and quality services that meet the Aged Care Quality Standards. For instance:

* Staff advised they have not experienced any issues with obtaining up to date information about consumers and described regular communication with management regarding consumer changes, updates and reporting identified deterioration. This information is generally recorded in the operational run sheets and was observed by the Assessment Team.
* Consumer complaints are recorded in a complaint register clearly detailing the actions taken by the service to resolve complaints and where appropriate, evidence of how complaints and feedback inform their recently established, plan for continuous improvement (PCI).
* The service has the financial governance systems and processes in place to allow the governing body (management committee) to manage, monitor and understand the service’s financial position and performance, in the delivery of a safe and quality meal delivery service. The service provides invoices and receipts to consumers on a regular basis and payments are made weekly unless otherwise arranged.
* Staff and volunteers evidenced an understanding of their role, their assigned duties and how consumer needs and preferences influence and contribute to these.
* The service has a system for monitoring workforce criminal history checks as part of the recruitment process for staff and volunteers, with records maintained in an electronic system.
* The Assessment team observed the organisation’s feedback and improvement mechanisms, the electronic feedback and complaints register and the applicable policy and procedures.
* At a whole of service level, it is evident incident outcomes inform preventative action and risk mitigation and treatment strategies, appropriate to the context of service delivery.

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)