**Performance**

**Report**

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| Name: | Gold Coast Meals on Wheels |
| Commission ID: | 700437 |
| Address: | 2 Whitby Street, SOUTHPORT, Queensland, 4215 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 21 September 2023 |
| Performance report date: | 7 December 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: 8056 Gold Coast and Districts Home Care Meals on Wheels and Senior Citizens Welfare Organisation Incorpor

Service: 24640 Gold Coast and Districts Home Care Meals on Wheels and Senior Citizens Welfare Organisation Incorpor

**This performance report**

This performance report for Gold Coast Meals on Wheels (**the service**) has been prepared by M Murray, 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 Assessment contact (performance assessment) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable** |
| **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** |
| **Standard 8** Organisational governance | **Not applicable** |

# 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 | **Not applicable as not all requirements have been assessed** |
| **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** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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. | Not Applicable | 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. | Not Applicable | Not Applicable |
| 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, which are involved in the care of the consumer. | Not Applicable | Not Applicable |
| 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. | Not Applicable | Not Applicable |
| 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. | Not Applicable | Not Applicable |

Findings

Requirement 2(3)(a)

The service was found non-compliant with this Requirement following a quality audit in February 2023.

At this assessment of performance, the Assessment Team reported that the service has an effective assessment and planning system that considers risk and informs the delivery of safe and effective services

The Assessment Team provided the following evidence in relation to the Requirement:

* Consumers and their representatives are happy with the meals provided by the service.
* New information technology was introduced from 1 May 2023 allowing for the centralised capture of all documentation in an easy to read and easy to access format.
* All information regarding a consumer’s wellbeing and diagnosis is recorded in the consumer’s file. Initial information is sourced from the My Aged Care portal.
* Consumer files evidence information is collected on any risks, difficulties and health issues during the assessment process.
* Volunteers report to the office manager if there are any changes required and the office manager acts on these changes and updates the file notes. Volunteers chat with consumers and monitor their general well-being.
* The office manager will contact consumer or their representative if a concern is raised about a consumer who is unwell or when meals are not eaten. A note is documented in the consumer’s file and an incident report is written.
* An incident register is maintained and follow up actions occur.

Based on the information, summarised above, I find the approved provider, in relation to this service, complies with Requirement 2(3)(a).

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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. | Not Applicable | 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. | Not Applicable | Not Applicable |
| 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 | Not Applicable |

Findings

Requirement 8(3)(c)

The service was found non-compliant with this Requirement following a quality audit in February 2023.

At this assessment of performance, the Assessment Team reported the service has effective governance systems.

The Assessment Team provided the following evidence in relation to the Requirement:

Information Management

The service maintains an electronic software program specially designed for meal service delivery that generates the meal delivery run sheets for volunteers. The office manager is currently working on Meals and Wheels policies and procedures that will be tabled for approval at the next Board meeting on 13 October 13, 2023.

Continuous Improvement

The service demonstrated a continuous improvement focus and described recent improvements for the benefit of their consumers such as negotiating with suppliers for different meal sizes in order to give consumers a choice.

Financial Governance

The management committee monitor and review the services financial status monthly, program funding is tracked against outputs and reports are provided to the Department of Health and Aged Care. The management committee maintain oversight of the service’s financial sustainability to ensure service continuity. A yearly financial audit is conducted and the report is presented at the annual general meeting.

Workforce Governance

The workforce is planned to ensure it has sufficient volunteers to provide the services and to support operational and administrative functions.

Regulatory Compliance

The service is aware of regulatory obligations which underpin the safe delivery of frozen meals.

Feedback and Complaints

Feedback and complaints demonstrated input from consumer and representatives and effective management of any concerns raised.

Based on the information, summarised above, I find the approved provider, in relation to this service, complies with Requirement 8(3)(c).

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