**Performance**

**Report**

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| Name: | Goulburn Meals on Wheels |
| Commission ID: | 200452 |
| Address: | 60 Clifford Street, GOULBURN, New South Wales, 2580 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 27 February 2024 |
| Performance report date: | 9 May 2024 |

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: 8055 Goulburn & District Meals on Wheels Service Inc  
Service: 24641 Goulburn & District Meals on Wheels Service Inc - Community and Home Support

**This performance report**

This performance report for Goulburn Meals on Wheels (**the service**) has been prepared by K. Jarvie, 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 a desk assessment, review of documents and interviews with staff, consumers/representatives and others; and,
* the performance report dated 3 December 2023 in relation to the Quality Audit undertaken from 4 October 2023 to 6 October 2023.

The provider did not submit a response to the Assessment Team’s report for the Assessment Contact – non-site dated 27 February 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **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

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.

Standard 1, Requirement (3)(e)

* Ensure information provided is current and timely to support consumers’ decision making regarding their meals they receive.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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. | Not Compliant |

Findings

Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), and 1(3)(f) were not assessed for CHSP at time of Assessment Contact – non-site conducted 27 February 2024 as these requirements were deemed compliant in previous performance report prepared 3 December 2023.

Requirement 1(3)(e) for CHSP was found non-compliant following a Quality Audit undertaken from 4 October 2023 to 6 October 2023, as the service did not demonstrate information provided to consumers, specifically in relation to the absence of menus allowed consumers to exercise choice on meal selections.

The Assessment Team was not satisfied improvements to information provided to each consumer at time of Assessment Contact – non-site undertaken 27 February 2024 enabled consumers to exercise choice on meal selections. The Assessment Team provided the following evidence relevant to my finding:

* Consumers interviewed spoke of the benefit of having choice over their meal selections, in particular, to having the ability to re-select meals previously enjoyed.
* Management advised the continuous improvement action to provide a menu to consumers was presented to the management committee. However, the management committee was not willing to support this action, stating consumers already have choice as they are receiving a variety of hard and soft meals that are all different.
* Documentation reviewed confirm meals are planned and ordered by the service based on consumers allergies, dislikes and/or preferences which are obtained during their initial assessment. However, consumers are unable to choose their meals on an ongoing basis.

In coming to my finding, I have considered the information in the Assessment Team report which shows information provided to consumers does not enable them to exercise choice on meal selection.

I acknowledge the service seeks preferences to inform meal planning, however, the service is choosing meals for the consumer based on recorded preferences alone. Consumer feedback shows that initial preferences assessed do not necessarily mean meals provided are based on current information. Consumers are unable to select meals previously enjoyed or that match their current preferences unless these have recently been formally advised to the service and their care plan undertaken a review.

The intent of the Requirement expects information provided to consumers is current, timely and accurate to inform their decision making and choice. I find this does not occur as consumers do not know what meals they are receiving prior to delivery as they are not provided information on meals available to select.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Requirements 6(3)(a), 6(3)(b) and 6(3)(c) was not assessed for CHSP at time of Assessment Contact – non-site conducted 27 February 2024 as these requirements were deemed compliant in previous performance report prepared 3 December 2023.

Requirement 6(3)(d) for CHSP was found non-compliant following a Quality Audit undertaken from 4 October 2023 to 6 October 2023, as the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Whilst the service had established a feedback register, the effectiveness of this register to capture feedback and inform improvements was in its infancy and required further time to evaluate if this continuous improvement action was sufficient to meet the expectations of this Requirement.

The Assessment Team’s report for the Assessment Contact – non-site undertaken on 27 February 2024 included evidence of actions taken by the service in response to the non-compliance and are relevant to my finding in relation to this Requirements:

* Management interviewed, and documentation reviewed confirmed consumer feedback and complaints are analysed by management and continuous improvement actions are implemented.
* Documentation reviewed confirm continuous improvement actions obtained from analysis of consumer feedback and complaints are discussed in management committee meetings. Continuous improvement actions from consumer feedback and complaints were also noted to be included in the services annual strategic plan.

In coming to my finding, I have considered the information in the Assessment Team report which shows feedback and complaints are reviewed and used to improve the quality of care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

# Standard 8

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| Organisational governance | | CHSP |
| 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

Requirements 8(3)(a) and 8(3)(b) was not assessed for CHSP at time of Assessment Contact – non-site conducted 27 February 2024 as these requirements were deemed compliant in previous performance report prepared 3 December 2023. Requirement 8(3)(e) is not applicable to CHSP funded meals on wheel services, and therefore, has not been assessed.

Requirements 8(3)(c) and 8(3)(d) for CHSP was found non-compliant following a Quality Audit undertaken from 4 October 2023 to 6 October 2023, as the service did not demonstrate effective organisation wide governance systems relating to feedback and complaints nor an effective risk management systems and practices were in place.

The Assessment Team’s report for the Assessment Contact – non-site undertaken on 27 February 2024 included the following evidence and information which are relevant to my findings in relation to these Requirements.

Requirement 8(3)(c)

The Assessment Team were satisfied there are effective organisation wide governance systems relating to information management, financial governance and feedback and complaints. However, the Assessment Team were not satisfied there are effective organisation wide governance systems relating to continuous improvement, workforce governance nor regulatory compliance.

Information management

* Consumer information is stored securely in a client management record system and accessible according to role requirements. Staff and volunteers refer to consumers run sheets to gain information on the delivery of care and services. In addition, volunteers are instructed to write feedback on the run sheet which are provided to service management.

Continuous improvement

* Minutes of the management committee meeting held December 2023 reviewed confirm areas of continuous improvement were discussed as a result of the previous Quality Audit. However, the service’s continuous improvement policy was not provided upon request by the Assessment Team.

Financial governance

* Oversight of financials occurs through treasurer reports to the management committee each meeting. Annual financial audits are also conducted.

Workforce governance

* Workforce governance is overseen by the organisation’s management team and issues and actions are reported to the management committee.
* The service did not provide evidence of training records nor position descriptions at time of Assessment Contact – non-site.

Regulatory compliance

* The organisation receives updates from industry and government authorities to remain informed of legislative changes and regulatory requirements. Policies are reviewed regularly in response to changes.
* The service did not provide evidence of workforce compliance documentation, such as first aid, police checks nor food safety licences upon request at time of Assessment Contact – non-site.

Feedback and complaints

* A feedback and complaint system is in place with a register established that is used to record feedback and complaints received to determine continuous improvement actions.

In coming to my finding, I have considered the information in the Assessment Team report and previous performance report, which does demonstrate effective organisation wide governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

I acknowledge whilst some documentation requested was not provided at time of Assessment Contact – non site to corroborate evidence obtained verbally, I am satisfied that previous governance systems described in the past performance report dated 3rd December 2023 remain unchanged, and thus, given the short period of time that has elapsed it is reasonable to find the provider compliant with the intent of this Requirement. I also place weight on the fact there is no additional adverse evidence provided to suggest the contrary in terms of consumer experience.

I am satisfied effective improvements have been made in organisation wide governance systems relating to feedback and complaints with the implementation and use of the feedback and complaints register.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement 8(3)(d)

The Assessment Team were not satisfied the service has effective risk management systems and practices in place. The Assessment Team provided the following information and evidence, which are relevant to my finding in relation to this Requirement:

* The service has established an incident register, however, the Assessment Team found incidents described were not recorded on register provided.
* Management committee meeting minutes reviewed confirm incidents are discussed as an agenda item.
* Updates to the terminology of the service’s consumer non-response policy have been implemented.
* The service has a safety behaviour guide for home visits that highlight the importance of identifying and responding to consumer deterioration. Staff interviewed also highlighted the importance of providing feedback on anything out of the ordinary.
* Management, and staff interviewed, confirmed the workforce has been briefed on the Serious Incident Response Scheme (SIRS). However, the service did not provide evidence of discussion and training completed at time of Assessment contact – non-site.
* Consumers and management interviewed, and documentation reviewed confirm consumer high-impact and/or high-prevalence risks, such as medical diagnosis and dietary needs are assessed and documented during assessment and planning processes. In addition, the Assessment Team sighted evidence of updates to mitigating strategies, such as meal changes required to manage consumer dietary risks.

In coming to my finding, I have considered the Assessment Team report which does demonstrate effective risk management systems and practices are in place.

I acknowledge whilst the Assessment Team could not corroborate training on SIRS had been provided nor were they satisfied incidents are consistently recorded in the incident management system, there is evidence that incidents are being considered by the management committee. I find staff were aware of incident reporting mechanisms and had knowledge of what SIRS was. In addition, there is more evidence to suggest risk management systems have effectively been used to manage and support consumer risk, than there is to the contrary which may indicate system failures in this area.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

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)