**Performance**

**Report**

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| Name: | Hawkesbury Colo Meals on Wheels Inc |
| Commission ID: | 200588 |
| Address: | 3/36 Riverview Street, NORTH RICHMOND, New South Wales, 2754 |
| Activity type: | Quality Audit |
| Activity date: | 9 January 2024 to 10 January 2024 |
| Performance report date: | 28 February 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: 7977 Hawkesbury Colo Meals on Wheels Inc  
Service: 23960 Hawkesbury Colo Meals on Wheels Inc - Community and Home Support

**This performance report**

This performance report for Hawkesbury Colo Meals on Wheels Inc (**the service**) has been prepared by P.Frangiosa, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 6 February 2024, and associated Continuous Improvement Plan (PCI).

# 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 | **Not 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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **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.

**Standard 2**

* Requirement 2(3)(a) ensure all relevant information is consistently identified, discussed and

reflected on the consumer record, inclusive of additional assessments by the service.

* Requirement 2(3)(b) Conducting assessment and planning which identifies consumer’s needs, goals and preference.
* Requirement 2(3)(d) Conducting initial assessments to guide in developing support plans, with the intent to provide copies of these to consumers to aid in service delivery.

**Standard 7**

* Requirement 7(3)(d) Training its workforce against the aged care standards.
* Requirement 7(3)(e) Formally monitoring the workforce’s performance against the aged care standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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

All consumers said they are treated with dignity and respect, and the service recognises and values their identity and culture.

Consumers stated staff are respectful to them and of their cultural needs and deliver care and services with this in mind. Staff were knowledgeable of consumers’ cultural backgrounds and described how they tailor services to ensure they culturally safe.

Management, staff and volunteers were familiar with individual needs and described how services are provided in accordance with individual wishes and the capacity to meet cultural or dietary requirements, if required. A review of documentation demonstrated consideration to consumer preferences.

Consumers said they can decide to undertake tasks that involve an element of risk and are supported to understand potential consequences and benefits. Staff described how they take reasonable care to minimise risks associated with activities of consumer choice during the social group activities. Documentation supported statements by consumers and staff.

All consumers advised the service provides timely and accurate information to enable choice about care and services, including in relation to monthly statements. Management said they ensure each consumer gets their monthly statements through hand delivery processes, as consumers often move throughout the community. The consumer welcome pack included comprehensive information regarding services delivered, consumer rights, complaints and feedback mechanisms and the consumer’s care plan.

Consumers said staff were respectful of their personal information respected their privacy. Staff and management described processes to keep consumer information safe and protect their privacy and referred to supporting mechanisms such as organisational training and policies.

# 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. | Not 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 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. | Not 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

The Assessment Team recommended Requirements 2(3)(a), 2(3)(b) and 2(3)(d) not met. After consideration to the Assessment Team’s report and the approved provider’s response, I find the service does not comply with these Requirements, and as a result, does not comply with Standard 2. I do however, find the service compliant with Requirements 2(3)(c) and 2(3)(e).

Requirement 2(3)(a):

Service-level assessments did not demonstrate all relevant information is consistently identified, discussed and reflected on the consumer record. A comprehensive assessment had not been conducted for each consumer, key risks for each consumer were not consistently captured and assessment summary information from My Aged Care support plans were not considered to develop further assessments.

* Management, staff and volunteers demonstrated they know the consumers well; however, information was not consistently documented, and as such, risks and individual consumer requirements were not captured.

In considering the services response in their PCI provided 6 February 2024, improvements identified included:

* Home safety checks to be conducted as new consumers access the service, however, fails to identify steps to assess current consumers.
* Further information advises these would be conducted by staff or volunteers during their first visit, however, does not identify the timeframes associated with updating policies or procedures to guide staff or volunteers in their assessments.
* The PCI also includes an action to implement support plans for all consumers on intake. While the action has been closed (22/01/2024), there was no supporting commentary to advise how current consumer support plans now capture key risks associated with consumers’ care.

In acknowledging actions taken by the provider to address deficits identified by the Assessment Team, at the time of my findings there was no evidence within the PCI demonstrating that these actions had been effectively implemented or embedded across the entire cohort of consumers with results documented.

* The omission of evidenced planning or completed assessments does not identify that consumers are getting the best possible care and services, or ensuring their safety, and health and well-being are not compromised.

Requirement 2(3)(b):

Assessment and planning to identify and address consumers current needs, goals and preferences were not captured initially or regularly reviewed to identify a change in circumstances.

* Though consumers advised they were satisfied by both the quality and variety of meals provided, care plans sampled identified inconsistencies and current information to capture these requirements, including injuries and dietary requirements.
* Management and staff acknowledged they do not discuss goals with consumers or advanced care planning based on privacy concerns.

In considering the services response in their PCI provided 6 February 2024, improvements to respond to this include:

* Implementing support plans for all clients on intake.

This fails to address action to respond to current (existing) consumers’ needs, goals and preferences and updating their care plans to reflect changes.

I acknowledge actions taken by the provider to address deficits identified by the Assessment Team. However, at the time of my finding there was no evidence demonstrating that these actions had been effectively implemented or embedded. I have placed weight on evidence in the Assessment Team’s report which demonstrates the service does not do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals, and reflect their personal preferences.

Requirement 2(3)(d):

The outcomes of assessment and planning are not communicated to consumers. Management and staff acknowledged they did not conduct initial assessments, and as such, of the consumers sampled, none advised they had an effective support plan.

* Management advised the Assessment Team they would introduce an assessment process to respond to this deficiency.

In considering the services response in their PCI provided 6 February 2024, improvements to respond to this identify new consumers commencing with the service, however, fail to identify expected timeframes or status of current consumers actioned.

I acknowledge actions taken by the provider to address deficits identified by the Assessment Team. However, at the time of my finding there was no evidence demonstrating that these actions had been effectively implemented or embedded.

* I have placed weight on evidence in the Assessment Team’s report which demonstrates care and service plans are not available to consumers to help them understand the care and services they are entitled to have.

Requirements 2(3)(c) and 2(3)(e).

Consumers and representatives confirmed they have control over meal choice and

delivery including flexibility in delivery options. Management, staff and volunteers demonstrated a shared understanding of consumer dietary requirements and food preferences. Management described how consumers and representatives are involved in the decision-making process and this aligned with the feedback from consumers and representatives. Where the consumer is unable to participate, they involve their representative or others involved in their care.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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

Quality Standard 3 Personal care and clinical care is not applicable as the service is not funded to provide personal care and clinical care services.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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

Consumers reported services support their independence, wellbeing, and quality of life through the quality and variety of meal options and social group activities. Management, staff and volunteers described, and documentation showed the service identifies consumers’ dietary preferences.

Consumers and representatives described in various ways how staff and the services provided promote consumers’ psychological wellbeing and support them emotionally. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing through understanding personal circumstances and emotional support needs.

Consumers and representatives described in various ways their satisfaction with how the service enables consumers to maintain relationships, do things of interest to them, and keep them engaged within their community.

Consumers and representatives reported staff understand consumers’ needs and were satisfied that information about their services is shared within the organisation and with others who are involved in their care.

Management, staff and documentation demonstrate the service’s internal and external referrals process facilitates consumers access to additional services to supplement supports and services for daily living where applicable and available.

Consumers reported they are satisfied with the quality, quantity and variety of meals at the service’s social support program. Management and staff demonstrated how they monitor consumers’ dietary needs and preferences and identified risks relating to consumers’ nutritional status. Care planning documents identified consumers’ dietary needs and preferences.

Consumers and representatives reported equipment provided is safe to use, well-maintained and meets consumers’ needs.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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

Quality Standard 5 Organisation’s service environment is not applicable as the service is not

funded to provide services to consumers in a service environment.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

Consumers and representatives were able to describe how the service seeks their feedback regarding care and services they receive. Consumers and representatives said they were aware of feedback and complaints processes. Management and Staff described how they support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team demonstrated that consumers and representatives can provide feedback and complaints on their services.

Consumers and representatives said they were unaware of external agencies to support them in raising feedback or complaints. The initial consumer information pack does not contain information on advocacy and language services; however, the service was able to illustrate this had been self-identified as a continuous improvement item.

Consumers and representatives said changes have been made in response to their individual feedback and complaints. Documentation confirmed the complaints and feedback register is routinely populated, responded to with open disclosure and regularly reviewed to ensure the service has oversight of improvement matters.

Consumers stated should they have issues with the services, they would ring the service or speak to staff to discuss their concerns and actions implemented are reviewed in consultation with them to ensure satisfaction.

# 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. | 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

The Assessment Team Requirements 7(3)(d) and 7(3)(e) not met. After consideration to the Assessment Team’s report and the approved provider’s response, I find the service does not comply with Requirements 7(3)(d) and 7(3)(e), and as a result does not comply with Standard. I do however find that the service complies with Requirements 7(3)(a), 7(3)(b) and 7(3)(c).

Requirement 7(3)(d):

There was no evidence management and board were familiar with,or trained in Incident Response Scheme (SIRS) reporting.

* Volunteers advised if they were unsure of anything whilst on duty, they would contact the service to seek clarification.
* The Assessment Team identified within the service’s PCI, an expectation of training in the Aged Care Standards to be delivered with a completion date of March 2024 listed.

Further to the above, information and evidence in the Assessment Team’s report under Requirement 1(3)(b) shows all staff and volunteers have not received training in cultural safety. Management said cultural safety training is not offered, as they were not aware of this requirement and did not see a need to provide it to staff.

In considering the services response in their PCI provided 6 February 2024, improvements include:

* Workforce and Committee training in Aged Care Standards, including ALIS modules. A completion date of 2024 is provided, without a closure date.

In acknowledging the entry within the PCI, the addition of a defined timeframe and current training completion rate would have supported further evidence of the services impetus.

I acknowledge actions taken by the provider to address deficits identified by the Assessment Team. However, there is no evidence these actions have been fully implemented. I have placed weight on evidence in the Assessment Team’s report, which shows the workforce has not received training in relation to SIRS, incident management and cultural safety, which are imperative to understand the expectations of care and service delivery in line with the Quality Standards.

Requirement 7(3)(e):

Staff advised they were unaware of performance reviews, or monitoring. Management advised of informal reviews, however, could not provide evidence that these had been documented.

* Committee members advised formal performance reviews and responses to shape feedback and further training and monitoring were not undertaken.
* The Assessment Team could not identify evidence of training and further professional development.
* The services PCI viewed by the Assessment Team include an entry regarding the introduction of a performance appraisal and review template, to be implemented within 12 months.

In considering the services response in their PCI provided 6 February 2024, improvements include:

* Workforce performance appraisals, with the action item 10 January 2024, ‘Develop a performance appraisal. Review template – network with other MOW providing same or similar services.’
* Evaluation and closure have this item closed 17 January 2024 with ‘Received template from MOWNSW’. In supporting the services response, the addition of the status of staff performance appraisals after the receival of the template would have evidenced the services implementation.

In light of this omission and as evidence in the Assessment Team’s report shows the intent of the Requirement has not been met, I find this requirement non-compliant.

Requirements 7(3)(a), 7(3)(b) and 7(3)(c).

Consumers and representatives confirmed staff and volunteers are kind, caring and respectful. Volunteers described how they provide care and services for consumers in a kind and respectful manner including how they respect the consumer’s diversity, privacy and decisions. Staff and volunteers spoke about consumers in a kind and respectful way.

Consumers and representatives felt staff are competent in their roles. Staff and management described assessment processes to ensure staff and volunteers are competent to provide services as required. Management and staff described mandatory qualifications and training to support them in their roles.

Staff and volunteers confirmed they have sufficient time and information to prepare and deliver meals. Management advised there have been no unfilled shifts in the last 12 months and there are sufficient volunteers within the volunteer group to ensure shift availability.

# 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. | 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

Consumers confirmed they have input about services provided, including annual surveys. Management and staff described how consumers have input about their experience and services through formal and informal feedback processes, including surveys. Documentation showed evidence of consumer engagement in the development, delivery and evaluation of care and services, and reporting to the governing body.

There is a range of reporting mechanisms to ensure the governing body is aware and accountable for the delivery of care and services. Management discussed the governance structure and reporting process to drive continuous improvement and accountability. Documentation demonstrated regular reporting to the governing body for discussion of key metrics to ensure accountability and appropriate response.

There are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There is a documented governance framework, with relevant policies and procedures in place.

There is a documented risk management framework including policies and procedures relating to organisation risk management and consumer risks. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

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-1)