Inala Meals on Wheels

Performance Report

48 Wirraway Parade
INALA QLD 4077
Phone number: 07 3372 5276

**Commission ID:** 700431

**Provider name:** Inala Meals on Wheels Incorporated

**Quality Audit date:** 17 February 2022 to 22 February 2022

**Date of Performance Report:** 3 May 2022

# Performance report prepared by

C.Athanasiou, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2038.

# Services included in this assessment

**CHSP:**

* CHSP - Meals, 4-7ZELSBY, 48 Wirraway Parade, INALA QLD 4077

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP |  Not Compliant |
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| Requirement 1(3)(a) | CHSP | Compliant  |
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| Requirement 1(3)(b) | CHSP | Compliant  |
|  |  |  |
| Requirement 1(3)(c)  | CHSP | Compliant  |
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| Requirement 1(3)(d)  | CHSP | Compliant  |
|  |  |  |
| Requirement 1(3)(e)  | CHSP |  Not Compliant |
|  |  |  |
| Requirement 1(3)(f)  | CHSP | Compliant  |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers |
|  | CHSP |  Not Compliant |
|  |  |  |
| Requirement 2(3)(a) | CHSP |  Not Compliant |
|  |  |  |
| Requirement 2(3)(b) | CHSP | Compliant  |
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| Requirement 2(3)(c) | CHSP |  Not Compliant |
|  |  |  |
| Requirement 2(3)(d) | CHSP |  Not Compliant |
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| Requirement 2(3)(e) | CHSP |  Not Compliant |
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| Standard 3 Personal care and clinical care | CHSP |  Not Applicable |
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| Requirement 3(3)(a) | CHSP |  Not Applicable |
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| Requirement 3(3)(b) | CHSP | Not Applicable |
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| Requirement 3(3)(c)  | CHSP | Not Applicable |
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| Requirement 3(3)(d)  | CHSP | Not Applicable |
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| Requirement 3(3)(e)  | CHSP | Not Applicable |
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| Requirement 3(3)(f)  | CHSP | Not Applicable |
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| Requirement 3(3)(g)  | CHSP | Not Applicable |
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| Standard 4 Services and supports for daily living |
|  | CHSP |  Not Compliant |
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| Requirement 4(3)(a) | CHSP | Compliant  |
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| Requirement 4(3)(b) | CHSP | Compliant  |
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| Requirement 4(3)(c) | CHSP | Compliant  |
|  |  |  |
| Requirement 4(3)(d) | CHSP |  Not Compliant |
|  |  |  |
| Requirement 4(3)(e) | CHSP | Compliant  |
|  |  |  |
| Requirement 4(3)(f) | CHSP | Compliant  |
|  |   |   |
| Requirement 4(3)(g) | CHSP | Not Applicable |
|  |  |  |
| Standard 5 Organisation’s service environment |
|  | CHSP |  Not Applicable |
|  |  |  |
| Requirement 5(3)(a) | CHSP |  Not Applicable |
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| Requirement 5(3)(b) | CHSP | Not Applicable |
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| Requirement 5(3)(c) | CHSP | Not Applicable |
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| Standard 6 Feedback and complaints | CHSP |  Not Compliant |
|   |  |  |
| Requirement 6(3)(a) | CHSP |  Not Compliant |
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| Requirement 6(3)(b) | CHSP |  Not Compliant |
|  |  |  |
| Requirement 6(3)(c)  | CHSP |  Not Compliant |
|  |  |  |
| Requirement 6(3)(d)  | CHSP |  Not Compliant |
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| Standard 7 Human resources | CHSP |  Not Compliant |
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| Requirement 7(3)(a) | CHSP | Compliant  |
|   |  |  |
| Requirement 7(3)(b) | CHSP | Compliant  |
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| Requirement 7(3)(c)  | CHSP | Compliant  |
|  |  |  |
| Requirement 7(3)(d) | CHSP |  Not Compliant |
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| Requirement 7(3)(e)  | CHSP |  Not Compliant |
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| Standard 8 Organisational governance | CHSP |  Not Compliant |
|   |  |  |
| Requirement 8(3)(a) | CHSP | Compliant  |
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| Requirement 8(3)(b) | CHSP |  Not Compliant |
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| Requirement 8(3)(c)  | CHSP |  Not Compliant |
|  |  |  |
| Requirement 8(3)(d) | CHSP |  Not Compliant |
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| Requirement 8(3)(e)  | CHSP | Not Applicable |
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# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team report for the Quality Audit; 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 Quality Audit report received 21 March 2022.

# STANDARD 1 Consumer dignity and choice

#   CHSP Not Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives said the service treats them with dignity and respect, and they believe staff and volunteers understand their background, culture and identity. The service demonstrated a culture of inclusion and respect for consumers and supports them to live the best life they can in line with their preferences. Each consumer’s privacy is respected and personal information is kept confidential.

A review of consumer documentation demonstrated that consumers’ information describes aspects of their requirements, including dietary requirements, preferences and any specific cultural needs for meal service delivery.

The Provider considers that they could strengthen the awareness of cultural safety amongst staff and therefore are undertaking and awareness campaign to assist the workforce and reinforce cultural safety throughout the organisation.

The service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly to enable consumers to exercise choice.

Consumers and representatives said that they are not provided with a copy of the Assessment containing information discussed with the consumer including dietary restrictions, delivery preferences and emergency contact information. The service also confirmed consumers are not provided a copy of the assessment and that the assessment document constitutes the care plan.

Staff and volunteers interviewed described the ways they support consumers with identified risks and to remain as safe as possible while when making their meal choices.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as Not Compliant as one (1) of the six specific requirements have been assessed as Not Compliant.

**Assessment of Standard 1**

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| Requirement 1(3)(a) | CHSP  | Compliant  |
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*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| Requirement 1(3)(b) | CHSP  | Compliant  |
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### *Care and services are culturally safe.*

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| Requirement 1(3)(c) | CHSP  | Compliant  |
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*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.*

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| Requirement 1(3)(d) | CHSP  | Compliant  |
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### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| Requirement 1(3)(e) | CHSP  | Not Compliant  |
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*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.*

Findings

The service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly to enable consumers to exercise choice.

Staff and volunteers were not aware of translation and interpreting services, or relay services to support consumers with vision and hearing impairment, to facilitate communication and ensure the consumer understands the information provided.

Consumers and representatives interviewed confirmed they receive information from the service including delivery options, menu choices and the cost of services. However, they advised they had not received a copy of the Assessment that was discussed with them on commencement with the service.

Consumers are provided with information when they commence with the service, including the ‘Client and carers guide 2021’ (handbook) and information about meal prices. The service manager advised the handbook contains information about how to make a complaint and consumer rights. However, a review of the handbook and interviews with the service manager identified that the handbook does not contain details regarding translating services.

The provider has advised that they will commence actions to ensure that:

* their procedure will be changed to include supplying a copy of client assessment/care plan to consumers
* The handbook will be updated to incorporate information relating to feedback and complaints and language and other relevant services.
* The Charter of Aged Care Rights will be issued to all consumers, This process will be included in procedures for new clients.

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| Requirement 1(3)(f) | CHSP  |  Compliant |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

#  CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The service did not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and wellbeing, informs the delivery of safe and effective services.

Assessment and planning practices do not include communication with others involved in the care of the consumer. Outcomes of assessment and planning are documented however a copy of the care plan is not provided to the consumer. Information is not consistently updated on the consumer record. Consumer care plans are not regularly reviewed for effectiveness.

The service demonstrated assessment and planning of services and supports addresses the consumer’s current needs, goals and preferences in relation to the meal service provided. Consumers say they have been listened to and their services are planned around what is important to them.

The service relies on information provided by the consumer or their representative, however, does not take into account any other relevant information such as information from My Aged Care (MAC), other health and aged care providers or undertake home safety risk assessments to inform assessment and planning.

Consumers, or their representatives, confirmed they are involved in the assessment and planning process and in making decisions on the meal services they receive.

Staff could describe how consumers and representatives are involved in the assessment and planning process and this aligned with the feedback from consumers and representatives. Where the consumer is unable to participate, they involve their representative, EPOA or substitute decision maker in the process.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as Not Compliant as four of the five specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | CHSP  |  Not Compliant |
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*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.*

Findings

The service did not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and wellbeing, informs the delivery of safe and effective services.

The service relies on information provided by the consumer or their representative, however, does not take into account relevant information from My Aged Care (MAC), other health and aged care providers or undertake home safety risk assessments to inform assessment and planning.

The service undertakes assessment on commencement by relying on information from the consumer or their representative to complete the Assessment form, which constitutes the care plan. The assessment form contains information on cognitive decline, hearing or sight impairments, dietary requirements, food preferences, allergies and alerts, preferred delivery days, special delivery instructions and preferred method of payment. However, the service does not take into account the consumer’s assessment summary from MAC or gather information from others involved in the care of the consumer.

The Assessment Team identified that the service does not undertake a home safety risk assessment on commencement or regularly thereafter to identify potential hazards and risks. The service manager confirmed the service does not undertake home safety risk assessments for consumers.

The Provider advised that they will undertake the following remedial actions:

* Client Care plans will be updated to include information obtained through the MAC portal to give a broader understanding of the client's needs and goals and associated risks.
* A home safety risk assessment process will be implemented as part of the initial assessment for new clients and upon annual review.
* Clients and/or their representative will be asked about changes in dietary needs when they are discharged from hospital or a change in circumstances occurs that is felt may affect their dietary needs.

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| Requirement 2(3)(b) | CHSP  | Compliant |
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*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.*

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| Requirement 2(3)(c) | CHSP  |  Not Compliant |
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*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.*

Findings

The service did not demonstrate that assessment and planning is consistently occurring with effective communication between the consumer, representatives and other health and aged care providers that are involved in the care of the consumer.

The service does not consistently seek all relevant information from each consumer or their representative, and others involved in the consumer’s care.

The service does not seek consent to the sharing information with the other aged care providers providing service to consumers, in order to identify risks or changes in the condition of consumers which may be relevant to the meal service.

The service does not communicate other aged care providers when volunteers have observed a change in a consumer’s condition or have reported incidents that have impacted the consumer such as falls.

The service does not follow up or seek further information relating to consumers’ care needs following hospital admissions.

The Provider advised that they will undertake the following remedial actions:

* The assessment form for all clients will be updated to include a question about whether the client gives consent to sharing information with their other CHSP or HCP provider.
* The service will seek assistance from other Care Providers as appropriate to services being provided.

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| Requirement 2(3)(d) | CHSP  |  Not Compliant |
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*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.*

Findings

The service did not demonstrate outcomes of assessment and planning are effectively communicated and documented in a care plan that is readily available to the consumer and or representative. Information from assessment and planning documentation and updates on delivery run sheets are not always consistently recorded on the consumer record.

Examples and evidence of the service not meeting this Requirement include:

The service did not demonstrate they meet the requirements of the Commonwealth Home Support Programme or the outcomes required to meet the Quality Standards in relation to the provision of a documented care plan to consumers.

Feedback from consumers and representatives confirmed the service does not provide consumers with a copy of their care plan. This information is discussed with the consumer and/or representative at the commencement of the service and signed by the consumer however a copy of the information is not provided to the consumer. This was also confirmed by the service manager.

There is inconsistent documentation of discussions with consumers, changes to delivery, follow up action, dietary requirements, contact or emergency contact information in the electronic database.

Consumers and representatives advised that service delivery details are discussed with them and changes are made at their request. Consumers said they receive a copy of the menu and select meals prior to service delivery and are provided invoices which they are able to check against the meals provided.

The service did not demonstrate relevant risks to the consumer’s safety, health and wellbeing are consistently documented or available to staff and volunteers.

In its response the Provider advised that they will undertake the following actions:

* Procedures will be changed to include the provision of finalised care plans being returned to Consumers or their representatives for their records.
* A copy of initial client assessment will be provided to the client at the time of accessing the service.
* All changes to client's meal service will be documented immediately after discussion or notification including details of actions taken and follow up

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| Requirement 2(3)(e) | CHSP  |  Not Compliant |
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*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.*

Findings

The service did not demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The service does not review consumers’ meal services at least every 12 months at a minimum.

The service manager advised a process would be implemented for the care plans to be updated every 12 months. The service manager advised information is updated when changes are advised by the consumer or representative. However, each consumer’s care plan was not reviewed or updated when the service became aware of a change in circumstances or an incident.

The service manager and volunteers were able to describe instances when there had been incidents involving the consumer, including falls, admission to hospital and non-response to a scheduled visit. However, the Assessment Team identified these were not detailed in consumer notes in the electronic database and there was no follow up action documented.

The provider advised that they would undertake the following actions:

* All Client information including emergency contact information will be revised and updated with clients and become part of annual review.
* The office staff will be briefed about the importance of all updates being documented in the client database.
* Follow up process will be implemented and actions will be documented in the electronic database, when clients are discharged from hospital or any incidents occur that may impact the consumer’s meal service needs, preferences or goals.
* Client care plans reviews will be undertaken and set up as an alert system in our database on a 12 monthly basis. Clients will be called to assess any changes that they require to support them
* Notes in the client database will now be more comprehensive and consistent to reflect hospital discharges and changes in circumstances or risks as they arise.

# STANDARD 3 Personal care and clinical care

#  CHSP Not Applicable

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

# STANDARD 4 Services and supports for daily living

#  CHSP Not Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Feedback from consumers and representatives confirmed the meals service supports them to live as independently as possible and maintain overall health and wellbeing. The service demonstrated each consumer gets delivery of a nutritious meal, social connection and a wellbeing check by the volunteer, which supports their independence and health and their emotional, psychological and spiritual wellbeing.

Consumers and representatives emphasised the staff and volunteers are very kind and friendly and provided specific examples of how the volunteers took the time to chat with them whilst providing services.

Consumers and representatives interviewed were satisfied services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing.

Consumers and representatives confirmed the organisation is flexible in the delivery of their service enabling them to maintain their social networks and do the things that are important to them.

The service did not demonstrate information about the consumer’s condition, needs and preferences is communicated with others where responsibility for care is shared. Information about a consumer’s condition, needs and preferences is communicated within the service to inform the meal delivery service and to facilitate referral for other services and supports.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as Not Compliant as one of the five applicable specific requirements have been assessed as Not Compliant.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | CHSP  | Compliant  |
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*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.*

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| Requirement 4(3)(b) | CHSP  | Compliant  |
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*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| Requirement 4(3)(c) | CHSP  | Compliant  |
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*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.*

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| Requirement 4(3)(d) | CHSP  |  Not Compliant |
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*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

Findings

The service did not demonstrate communication about each consumer’s condition, needs and preferences where responsibility for care and services is shared. The service does communicate information internally, to volunteers and kitchen staff, about the consumer’s preferences and dietary requirements to inform the meal delivery service.

An example of the service not meeting this Requirement include:

The service delivers meals to nine consumers who receive HCP care and services from other aged care providers, however there was no evidence of ongoing communication about the consumer’s condition or changes in their circumstances.

The provider advised that they would undertake the following actions:

* Ensuring communication reflects consumers’ needs and preferences, and implementing systems to support this

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|  Requirement 4(3)(e) | CHSP  | Compliant  |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | CHSP  | Compliant  |
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*Where meals are provided, they are varied and of suitable quality and quantity.*

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| Requirement 4(3)(g) | CHSP  | Not Applicable  |
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*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

#  CHSP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

# STANDARD 6 Feedback and complaints

#  CHSP Not Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The organisation did not demonstrate they welcome feedback and complaints as an opportunity to learn about ways to improve outcomes for consumers and do not have an effective feedback and complaints management system.

While consumers and representatives are able to provide feedback verbally or via a survey, other avenues are not readily available. Consumers and representatives are not empowered, encouraged and supported to make a complaint should they wish to do so.

Consumers and representatives interviewed provided positive feedback regarding the service they receive. However, not all agreed that the organisation regularly seeks their feedback and/or were not aware of the ways they are able to make a complaint if they wish to do so, other than verbally.

Consumers, their representatives and others said that they are not actively encouraged and supported by the organisation to provide feedback or make a complaint. The organisation did not demonstrate they make adequate information available on the ways feedback or complaints can be made.

Consumers and representatives interviewed were not aware of a range of options for providing feedback or making a complaint and volunteers did not demonstrate they were aware of options other than verbal feedback.

The organisation did not demonstrate an effective system for managing feedback and complaints. Not all consumers and representatives were satisfied with the organisation’s response or lack of response to their feedback.

The organisation did not demonstrate consumers are provided with information on how to access language services in order to make an effective complaint. The service did not demonstrate that all consumers are empowered to easily provide feedback or make a complaint, whatever their culture, language or ability.

Consumers are provided with information on advocacy services and the Commission’s aged care complaints service.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as Not Compliant as four of the four specific requirements have been assessed as Not Compliant.

## Assessment of Standard 6 Requirements

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| Requirement 6(3)(a) | CHSP  |  Not Compliant |
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*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Findings

Consumers, their representatives and others are not actively encouraged and supported by the organisation to provide feedback or make a complaint. The organisation did not demonstrate they make adequate information available on the ways feedback or complaints can be made.

Examples and evidence of the service not meeting this Requirement include:

Consumers and representatives interviewed provided positive feedback regarding the service they receive. However, not all agreed that the organisation regularly seeks their feedback and/or were not aware of the ways they are able to make a complaint if they wish to do so, other than verbally. While some consumers said they receive a survey, others could not recall this.

The organisation does not actively encourage and support consumers to provide feedback or make a complaint.

The management committee advised consumers are provided with information on commencement, adding they would only know about a complaint if it was brought to the committee, for example a complaint about a volunteer. The service manager advised that feedback may come in various ways, such as verbally or via email. However, consumers and representatives interviewed were not aware of a range of options for providing feedback or making a complaint and volunteers did not demonstrate they were aware of options other than verbal feedback.

The Provider advised that they will undertake the following remedial actions:

* A comprehensive client feedback/ complaints and resolution form will be supplied to all clients.
* Review of the Complaints and Feedback Policy will be undertaken and all staff and volunteers will be required to review the policy.
* Updated Feedback and Complaint forms will be supplied to clients, staff and volunteers. These will reflect various ways that feedback and complaints can be made.
* The yearly survey will now be undertaken every 6 months and when there are any changes to the meal service that may impact consumers.
* It will be updated to include more questions that reflect the quality of the overall service provided, not just the meals. Constructive feedback on how service could be improved will also be invited.

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| Requirement 6(3)(b) | CHSP  | Not Compliant |
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*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Findings

The organisation did not demonstrate consumers are provided with information on how to access language services in order to make an effective complaint. The service did not demonstrate that all consumers are empowered to easily provide feedback or make a complaint, whatever their culture, language or ability.

Consumers are provided with information on advocacy services and the Commission’s aged care complaints service.

Examples and evidence of the service not meeting this Requirement include:

Consumers and representatives are provided with the handbook on commencement. The handbook provides information on how to access an advocacy service should the consumer require the support of an advocate. The handbook includes information on the consumer’s right to contact the Commission to make a complaint, provides current contact details and information on the consumer’s rights and what they can expect from the Commission’s complaints process.

However, the handbook does not include information on how to access language services for assistance with interpreting or translation, if required, to support consumers to provide feedback or make a complaint should they wish to do so.

The service did not demonstrate an awareness of the free Translating and Interpreting Service (TIS National) available for consumers and also to assist the service to communicate with non-English speaking consumers if necessary.

The service did not demonstrate an awareness of the vision and hearing support services available to assist consumers living with sensory impairment in communicating with the organisation, an advocate or the Commission.

The Provider advised that they will undertake the following remedial actions:

* The Client Handbook will be updated by the publisher, QMOW, to include more detailed information about translation services and how to access these.
* All staff and volunteers will receive training about the translation and interpretation services available.

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| Requirement 6(3)(c) | CHSP |  Not Compliant |
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*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Findings

The organisation did not demonstrate an effective system for managing feedback and complaints. Not all consumers and representatives were satisfied with the organisation’s response or lack of response to their feedback.

Examples and evidence of the service not meeting this Requirement include:

Consumers and representatives interviewed advised they have provided feedback rather than lodging a complaint, but stated, variously, that the feedback provided has not instigated any change and they don’t know what happened about their feedback.

The service manager advised they make a note on the consumer record and try to resolve the issue. However, feedback and the action taken is not consistently documented on the consumer record due to the service manager’s workload and time constraints and they are not able to categorise consumer notes on the electronic database.

Negative feedback is not considered to be a complaint, despite a consumer being dissatisfied with an aspect of the service. There was no evidence of consumers’ negative feedback over time being actioned.

There was no evidence that the organisation maintains monitoring records of negative feedback or complaints. A feedback and complaints register, or similar tool, is not in place to support logging of the issues raised, communication with consumers, action taken to resolve issues and evaluation of the outcomes for consumers.

In its response the Provider detailed the measures it would take to address the concerns identified.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | CHSP  |  Not Compliant |
|  |   |  |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Feedback and complaints are not reviewed and used to inform service improvements. The organisation does not have a plan for continuous improvement.

Examples and evidence of the service not meeting this Requirement include:

The organisation is not capturing all feedback or collating feedback for review and identification of service improvements. There was no evidence of a plan for continuous improvement.

Feedback and complaints are not collated in a register, log or similar tool to facilitate monitoring of trends in the issues raised for discussion at the management committee meetings. The service manager advised feedback is verbal and actioned straight away, there is no trending of issues over time.

As feedback and complaints are not documented and collated, the management committee is unable to analyse and trend feedback and complaints. Feedback and complaints are not used to improve the service quality.

In its response the Provider detailed the measures it would take to address the concerns identified.

# STANDARD 7 Human resources

#  CHSP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The organisation did not demonstrate effective systems in relation to training, education and performance review to ensure the requirements of the Quality Standards are met.

Consumers and representatives interviewed confirmed they receive the agreed service as expected, are confident the staff and volunteers are competent and were complimentary of the respectful and caring approach shown towards them.

The service ensures that there are sufficient volunteers to deliver the services as required by consumers.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as Not Compliant as two of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 7 Requirements

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| --- | --- | --- |
| Requirement 7(3)(a) | CHSP | Compliant  |
|  |  |  |

*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.*

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| --- | --- | --- |
| Requirement 7(3)(b) | CHSP | Compliant  |
|  |   |   |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| --- | --- | --- |
| Requirement 7(3)(c) | CHSP | Compliant  |
|  |  |  |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| --- | --- | --- |
| Requirement 7(3)(d) | CHSP  |  Not Compliant |
|  |  |  |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Findings

The organisation did not demonstrate that they support the workforce to deliver the outcomes required by the Quality Standards. The organisation did not demonstrate they ensure members of the workforce receive ongoing support, training and professional development and the supervision they need to support them in their role. The organisation does not review the training, learning and development needs of the workforce.

Examples and evidence of the service not meeting this Requirement include:

Staff and volunteers have not received training and education on the Quality Standards, nor on particular aspects, and what these mean for them in their daily work.

Staff and volunteers training records were not able to be located by the service during the quality audit.

There is no process in place for identifying the training needs of staff and volunteers relevant to the Quality Standards. The management committee does not review the training, learning and development needs of the workforce regularly nor support the workforce to take up training, learning and development opportunities. There was no evidence of a training and education calendar or further development opportunities.

In its response the Provider detailed the measures it would take to address the concerns identified.

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| --- | --- | --- |
| Requirement 7(3)(e) | CHSP  |  Not Compliant |
|  |  |  |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Findings

The organisation did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The organisation does not conduct performance reviews to identify a lack of knowledge, skills and ability to deliver services in line with the CHSP program guidelines and the Quality Standards.

Examples and evidence of the service not meeting this Requirement include:

There was no evidence the organisation uses performance assessments to review workloads, duties and responsibilities and work out training needs in order to maintain the overall ability to provide a safe quality service. Performance reviews have not been conducted.

The organisation did not demonstrate the performance of the workforce as a whole is reviewed to identify training, education and further development needs.

In its response the Provider detailed the measures it would take to address the concerns identified.

# STANDARD 8 Organisational governance

#   CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers are offered the opportunity to participate in the review of the service’s meal offerings. The service reviews the menu and incorporates meal suggestions made by consumers.

The organisation did not demonstrate that it promotes a culture of safe, quality care and services and is accountable for the delivery. The organisation did not demonstrate effective management systems and processes to ensure that they have the information required to support overall governance and decision-making. There was no evidence the organisation has assessed compliance to satisfy itself that the Quality Standards are being met.

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as Not Compliant as three of the four applicable specific requirements have been assessed as Not Compliant.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | CHSP | Compliant  |
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*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

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| Requirement 8(3)(b) | CHSP |  Not Compliant |
|  |  |  |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

Findings

The management committee did not demonstrate that it promotes a culture of safe, quality care and services and is accountable for the delivery.

The organisation was unable to effectively demonstrate how it maintains oversight of service delivery and how it responds to that.

In its response the Provider detailed the measures it would take to address the concerns identified.

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| Requirement 8(3)(c) | CHSP | Not Compliant |
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*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.*

Findings

The organisation did not demonstrate effective governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The organisation did demonstrate effective systems in relation to financial governance.

#### Information management

The management committee did not demonstrate that effective management systems and processes are in place, from the service level through to the committee to ensure that they have the information required to make informed decisions.

While there are policies and procedures, approved by the management committee on 16 February 2022, these are not tailored to the service and do not reflect the processes and practices in place.

The management committee did not demonstrate that there are systems in place to support staff and volunteers in meeting all the outcomes required by the Quality Standards.

Information requested could not be readily accessed and/or could not be provided during the quality audit.

Information is not consistently documented on the consumer record. For example, volunteer notes on run sheets are not always entered on the electronic consumer database; run sheets are retained for two months and then shredded resulting in the information not being retained.

#### Continuous improvement

The organisation does not have a plan for continuous improvement. The management committee did not demonstrate an understanding of the process of continuous improvement and does not have systems and processes to assess, monitor and improve the quality of the service.

While the service manager completed the service’s self-assessment against the Quality Standards on behalf of the management committee, this was not comprehensive and did not feed into a plan for continuous improvement. When asked about the self-assessment, the management committee advised they were not aware of this document.

Practical examples of improvements made were verbally provided.

#### Financial governance

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. The management committee have oversight of the service’s income and expenditure and this is reviewed regularly and discussed during monthly meetings.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

The management committee did not demonstrate they are aware of their respective roles and responsibilities and their accountabilities in relation to workforce governance.

The organisation did not demonstrate effective systems in relation to training and education and performance review to ensure the requirements of the Quality Standards are met.

Please refer to Standard 7.

#### Regulatory compliance

The management committee did not demonstrate they meet their responsibilities and accountabilities as a service provider under the Commonwealth Home Support Programme. The management committee advised compliance monitoring is the responsibility of the service manager, and advice is provided to the service manager by the peak body.

The organisation did not demonstrate systems and processes to make sure they are complying with all relevant regulatory requirements and guidelines in respect of the Commonwealth Home Support Programme.

#### Feedback and complaints

The organisation did not demonstrate they welcome feedback and complaints as an opportunity to learn about ways to improve outcomes for consumers and do not have an effective feedback and complaints management system.

In its response the Provider detailed the measures it would take to address the concerns identified.

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| Requirement 8(3)(d) | CHSP |  Not Compliant |
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*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.*

Findings

The organisation did not demonstrate effective risk management systems and practices in relation to managing high impact and high prevalence risks associated with the care of consumers nor in managing incidents including the use of an incident management system.

During interview, the management committee did not demonstrate an understanding of risk management systems and processes required to meet the Quality Standards.

The organisation does not have an incident management system in place, as per the regulatory requirement which came into effect on 1 April 2021. The management committee does not monitor feedback and complaints and incident management, analyse this information or use this information to inform risk management and continuous improvement activity.

The organisation did not demonstrate they understand their responsibilities in relation to non-response to a scheduled visit.

If consumer doesn’t answer the door, the service does not act immediately to ascertain the consumer’s whereabouts and wellbeing to ensure emergency assistance can be arranged if required by the consumer. Non-response to a scheduled visit is not treated as an incident and incident reports are not completed.

Staff and volunteers provided examples of the action taken in practice.

The management committee could not describe the organisation’s process for management of incidents and reporting requirements, nor how incident information is used to drive continuous improvement. The management committee were unable to provide example of incidents which have occurred involving consumers and how these were effectively managed. Discussion of incidents are not a standing agenda item at management committee meetings.

Safety risk assessments are not completed as part of the assessment and planning process and the service does not communicate with others involved in the care of consumers. Please refer to Standard 2 Requirement (3)(a) and (c).

The service manager described how risk is managed in practice.

In its response the Provider detailed the measures it would take to address the concerns identified.

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| Requirement 8(3)(e) | CHSP  | Not Applicable |
|  |  |  |

*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.*

# 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.

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| Requirement 1(3)(e) |   |  |
|  | CHSP  |  |

*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.*

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| Requirement 2(3)(a) |  |  |
|  | CHSP  |  |

*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.*

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| Requirement 2(3)(c) |   |  |
|  | CHSP  |  |

*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.*

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| Requirement 2(3)(d) |  |  |
|  | CHSP  |  |

*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.*

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| Requirement 2(3)(e) |   |  |
|  | CHSP  |  |

*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.*

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| --- | --- | --- |
| Requirement 4(3)(d) |  |  |
|  | CHSP  |  |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| Requirement 6(3)(a) |  |  |
|  | CHSP  |  |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

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| Requirement 6(3)(b) |  |  |
|  | CHSP  |  |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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| Requirement 6(3)(c) |  |  |
|  | CHSP  |  |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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| --- | --- | --- |
| Requirement 6(3)(d) |   |  CHSP |
|  |   |  |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) |   |  CHSP  |
|  |  |  |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| --- | --- | --- |
| Requirement 7(3)(e) |   |  CHSP  |
|  |  |  |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

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| --- | --- | --- |
| Requirement 8(3)(b) |  |  CHSP |
|  |  |  |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) |  |  CHSP |
|  |  |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) |  |  CHSP |
|  |  |  |

*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.*