**Performance**

**Report**

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| Name: | Inala Meals on Wheels |
| Commission ID: | 700431 |
| Address: | 48 Wirraway Parade, INALA, Queensland, 4077 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 December 2023 to 19 December 2023 |
| Performance report date: | 31 January 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: 8048 Inala Meals on Wheels Incorporated  
Service: 24513 Inala Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Inala Meals on Wheels (**the service**) has been prepared by L. Malone, 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) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable as not all Requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable as not all Requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable as not all Requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not Applicable as not all Requirements have been assessed** |
| **Standard 7** Human resources | **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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | 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. | Compliant |

Findings

The service was found non-compliant with Requirement 1(3)(e) following a Quality Audit from 17 February 2022 to 22 February 2022, and an Assessment Contact – non-site on 16 January 2023 as consumers did not receive current and timely information in relation to their assessment information or were not advised when their meal choice was not available.

At the Assessment Contact 18 to 19 December 2023, it was found a number of actions had been undertaken to address the previous deficits including a process to provide consumers with a copy of their assessment information and improved communication of menu choices and delivery scheduling. Consumers and representatives provided feedback to the Assessment Team that written and verbal information such as monthly statements, records of payments and transactions, menu information and information about any changes to schedules or preferred meal availability is effectively communicated to them and that it enables consumers to make choices. Management said when a food item is not available, staff will contact the consumer to advise them and offer an alternative, and consumers confirmed this to occur.

I have considered the evidence, as summarised above, and I find Requirement 1(3)(e) to be Compliant.

# 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was found non-compliant with Requirements 2(3)(a), 2(3)(c), 2(3)(d) and 2(3)(e) following a Quality Audit from 17 February 2022 to 22 February 2022, and an Assessment Contact – non-site on 16 January 2023. At the time, the issues found were; risks to consumers’ health and wellbeing were not always documented or adequately considered in assessment and care planning, an effective process to document consent and/ or shared care was not demonstrated, consumers had not received a copy of their assessment and care planning information, outcomes of assessment and care panning were not consistently documented and assessment and care planning was not reviewed regularly, or when consumers’ circumstances change or an incident impacts on the their needs, goals and preferences.

At the Assessment Contact 18 to 19 December 2023, the Assessment Team found the service had taken actions to address the above deficits and presented the following evidence in relation to these Requirements:

Requirement 2(3)(a)

The Assessment Team found the service had taken actions to review the assessment and care planning process including making changes to the assessment tool used. The assessment tool was updated to include home safety risk assessment, information about a consumer’s medical conditions, functional level or disabilities, allergies, food preferences, and dietary or meal preparation requirements. Consumer assessments and delivery run sheets viewed by the Assessment Team identified risks for individual consumers such as those associated with specific food allergies or due medical conditions such as diabetes and provided relevant strategies to staff and volunteers to plan safe and effective meal service delivery. Management described how they have oversight and review assessment information with other sources such as My Aged Care (MAC) or Home Care Package (HCP) referral information to ensure risks effectively identified and planned for.

Requirement 2(3)(c)

The Assessment Team found the service had reviewed the assessment tool to include consumers’ emergency contact person, details of their representative or carer arrangements, HCP provider or medical practitioner information which describes how these people are involved in the consumers’ care. Care documentation demonstrated evidence of communications with those that share care and the consumer’s chosen representative, and documentation of the consumer’s consent.

Requirement 2(3)(d)

The Assessment Team found the service had implemented processes to improve the communication and documentation of assessment outcomes and care planning and make it available to the consumer. The service provides consumers with an assessment form which they complete independently or with representative or staff assistance, and then is reviewed by management who follows up or discusses further as required. A copy of the completed assessment with planned delivery service strategies is provided to the consumer. The information captured through the assessment and care planning process is documented on run sheets to provide information volunteers who deliver meals and effectively communicated to kitchen staff who prepare and package meals.

Requirement 2(3)(e)

The Assessment Contact report demonstrates evidence of scheduled reviews of the effectiveness of care and services, and that reviews occur when the consumer’s needs, goals and preferences, or circumstances change. The Assessment Team viewed consumer assessment and care planning documentation which provided evidence of assessment and care planning review in the past 12 months for nearly all consumers sampled. In one example, where a review had not occurred, management provided reasonable explanation which demonstrated consideration of the level of risk and advised plans to review the consumer. Management described how consumers are reviewed following hospital admission and the Assessment Team found evidence of reviews in response to consumers changed needs and preferences or changed circumstances in consumer care documentation.

I have considered the evidence, as summarised above, and I find Requirements 2(3)(a), 2(3)(c), 2(3)(d) and 2(3)(e) to be Compliant.

# Standard 4

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

Findings

The service was found non-compliant with Requirement 4(3)(d) following a Quality Audit from 17 February 2022 to 22 February 2022, and an Assessment Contact – non-site on 16 January 2023, as consumers’ dietary requirements and meal preferences were not effectively communicated between volunteers and kitchen staff, and effective communication of consumer’s needs and preferences with other services who share care, such as HCP providers was not demonstrated.

At the Assessment Contact 18 to 19 December 2023, the Assessment Team found evidence of effective communication of consumers’ needs and preferences in care documentation and on service delivery run sheets. Volunteers who deliver consumer’s meals described referring to these runs sheets and that they provide reliable and relevant information to understand consumers’ needs and preferences and provide the right the kind of service. Documentation viewed by the Assessment Team included information related to consumers’ relevant medical conditions, individual needs and preferences, delivery instructions and other information such as how staff are to respond if a consumer is not home for their scheduled service. Staff and volunteers demonstrated knowledge of individual consumers and interview feedback aligned with documented information. Volunteers, staff, and management described how they communicate any changes in consumers circumstance, condition, needs or preferences internally or with external providers of care and services to ensure that service delivery is safe and effective. Consumers and representatives said their needs and the services they require are understood by the service staff and volunteers and were satisfied with the way their meal service is delivered.

I have considered the evidence, as summarised above, and I find Requirement 4(3)(d) to be Compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was found non-compliant with requirements 6(3)(c) and 6(3)(d) following a Quality Audit from 17 February 2022 to 22 February 2022, and an Assessment Contact – non-site on 16 January 2023. At that time, not all complaints and feedback were documented, documentation did not provide evidence of discussion of outcomes with the consumer or open disclosure, and it was found feedback and complaints information was not effectively captured and utilised to inform opportunities for improvement.

At the Assessment Contact 18 to 19 December 2023, the Assessment Team found the service had taken actions to address the above deficits and presented the following evidence in relation to these Requirements:

Requirement 6(3)(c)

Consumers and representatives provided positive feedback to the Assessment Team and said their concerns are addressed promptly. Volunteers and staff described how they communicate feedback to management and provide an acknowledgement and apology to the consumer when things go wrong. The Assessment Team reviewed documentation including the feedback and complaints register which provided evidence of investigation into issues raised, open disclosure, and implementation of actions to rectify the issue and communicate any changes to staff. An ‘Acknowledgement of Feedback’ form has been implemented which is provided to consumers following a complaint and provides details of issue, actions undertaken and an invitation to the consumer to provide feedback how satisfied they are with the resolution.

Requirement 6(3)(d)

The Assessment Team found evidence the service effectively documents, reviews, and utilises feedback to improve the quality of services delivered to consumers. Feedback and complaints data is used to identify trends and regularly discussed at committee meetings. The Assessment Contact report presents examples of consumer feedback which has led to improvements such as feedback about poor food quality or quantity leading to actions such as changed packaging for specific items or change of supplier.

I have considered the evidence, as summarised above, and I find Requirements 6(3)(c) and 6(3)(d) to be Compliant.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was found non-compliant with requirements 7(3)(d) and 7(3)(e) following a Quality Audit from 17 February 2022 to 22 February 2022, and an Assessment Contact – non-site on 16 January 2023. At that time, the service did not demonstrate the workforce is adequately trained to deliver care which meets the Quality Standards or that reviews of workforce performance occurred.

At the Assessment Contact 18 to 19 December 2023, the Assessment Team found the service had taken actions to address the above deficits and presented the following evidence in relation to these Requirements:

Requirement 7(3)(d)

The service ensures all volunteers and staff undertake an induction program which includes training, buddy shifts and support from experienced staff. Volunteers and staff participate online and ‘on the job’ training and have access to written resources such as manuals or other guidance. Management described processes to identify training needs and support staff who may experience challenges with access to the internet or have diverse literacy needs to participate. All staff and volunteers complete training in the Quality Standards and the Serious Incident Response Scheme (SIRS) and other relevant training related to safe service delivery such as first aid, response to consumers not being home for a scheduled service and food safety training. Management described training relevant to specific roles and responsibilities and systems to monitor participation in training and adherence to other requirements such as police checks. The Assessment Team observed staff returning from meal deliveries and following procedures described such as discussing observations made during the service with management, or a kitchen staff member providing guidance to a new volunteer.

Requirement 7(3)(e)

The Assessment Team found while the service does not undertake formal performance reviews of its volunteer workforce, there are processes to seek feedback from volunteers about their satisfaction in the role. The service provides them with a questionnaire which asks volunteers how they find their work, if they are satisfied with the induction and training provided, and if they receive the right amount of feedback from peers. The information is discussed at the service’s committee meeting and used to identify learning opportunities and improve the workforce’s resources. The service has a process of formal performance reviews for staff and staff confirmed their participation in these. Documentation demonstrated reviews of workforce occur and there are systems to identify staff learning needs and support performance management where expectations of the role are not being met.

I have considered the evidence, as summarised above, and I find Requirements 7(3)(d) and 7(3)(e) to be Compliant.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

The service was found non-compliant with requirements 8(3)(b), 8(3)(c) and 8(3)(d) following a Quality Audit from 17 February 2022 to 22 February 2022, and an Assessment Contact – non-site on 16 January 2023. At that time, the service did not demonstrate the governing body is accountable for safe, quality and inclusive care, or that incidents, feedback and complaints are effectively recorded, analysed for trends or used to inform continuous improvements.

At the Assessment Contact 18 to 19 December 2023, the Assessment Team found the service had taken actions to address the above deficits and presented the following evidence in relation to these Requirements:

Requirement 8(3)(b)

The Assessment Team received positive feedback from consumers, representatives, staff and volunteers about the safety, quality or inclusivity of care and services. The service had implemented an induction tool for committee members which included expectations of committee members related to the code of conduct, declaration of conflict of interests, mandatory training including in the Quality Standards and the complaints and feedback processes, and information such as policies and procedures, previous meeting minutes and reports. Documentation provided evidence that standing committee meeting agenda include discussion of feedback and complaints, incident management, and plans for continuous improvement, and details of these discussions are communicated to staff and volunteers effectively. The service has implemented actions to improve awareness and response to vulnerable consumers and engagement of Queensland Meals on Wheels (QMOW) to provide training.

Requirement 8(3)(c)

The Assessment Contact report presents evidence of effective organisation wide systems of governance related to information management, workforce management, financial management, feedback and complaints processes, continuous improvement, and regulatory compliance. Information systems were found to provide current, accurate and accessible information to staff and volunteers, with effective procedures to manage appropriate information sharing and privacy. The service identifies opportunities for improvement through incidents, feedback and complaints and workforce reviews, plans and implement actions in response, and evaluates the effectiveness of continuous improvement actions. The Assessment team found evidence of effective financial oversight, delegation and reporting, effective workforce governance and systems to understand and meet regulatory obligations.

Requirement 8(3)(d)

Consumers described the service supporting them in choices and were satisfied the service identifies and manages risk and supports consumers to live the best life they can. The Assessment Team found evidence which demonstrated effective processes to identify and manage high-impact, high-prevalence risks, effectively manage incidents, and respond to vulnerable consumers and those who are not home for a scheduled service. Staff and volunteers understood their role in incident management, understood relevant reporting processes and were familiar with policies and procedures. The service maintains an incident register and although no recent incidents logged, and interview feedback confirmed this to be the case, management described how a past incident was managed including actions taken to investigate and identify risks and implement preventative strategies.

I have considered the evidence, as summarised above, and I find Requirements 8(3)(b), 8(3)(c) and 8(3)(d) to be Compliant.

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)