Ipswich Meals on Wheels Inc

Performance Report

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| **Address:** | 9 South Street IPSWICH QLD 4305 |
| **Phone:** | 07 3281 4465 |
| **Commission ID:** | 700495 |
| **Provider name:** | Ipswich Meals on Wheels Incorporated |
| **Activity type:** | Quality Audit |
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| **Performance report date:** | 23 August 2022 |

# Performance report prepared by

A. Grant, 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 2018.

**Services included in this assessment**

**CHSP:**

* CHSP - Social Support - Group, 4-7Z6S2JD, 9 South Street, IPSWICH QLD 4305
* CHSP - Meals, 4-7Z6S2N1, 9 South Street, IPSWICH QLD 4305

# Overall assessment of Services

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

# 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’s 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.

# STANDARD 1 Consumer dignity and choice CHSP 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

During interviews with the Assessment Team consumers, and their representatives, reported they are treated respectfully and with dignity at all times and staff and volunteers are caring and polite. During interviews with the Assessment Team staff and volunteers spoke respectfully about consumers, showed an understanding of individual consumer’s life journey and personal circumstances and described how it influenced the day-to-day delivery of their care and services. The Assessment Team noted documentation evidenced the organisation has a consumer-centred approach and reflected what is important to consumers.

Consumers and representatives interviewed by the Assessment Team stated management and staff understand their needs and preferences and confirmed their service is delivered in a way makes them feel safe and respected. Consumers and staff interviewed by the Assessment Team provided examples of how services are delivered to reflect what culturally safe care means for individual consumers. The Assessment Team noted while management, staff and volunteers are not familiar with the term ‘cultural safety’ during interviews management, staff and volunteers provided examples of how services are delivered to meet the needs and preferences of individuals.

Consumers and representatives interviewed by the Assessment Team described how they are supported to exercise choice and independence and to make their own decisions about the meal service they receive. During interviews with the Assessment Team consumers and representatives provided examples of how the service supports them to be as independent as possible. Delivery volunteers and staff during interviews with the Assessment Team described how they provide information to assist consumers making day to day decisions regarding their meal service. Staff and volunteers interviewed by the Assessment Team demonstrated knowledge and understanding of the preferences and choices of the consumers sampled and described how they are supported to make informed choices.

Consumers, and representatives interviewed by the Assessment Team stated their care and services help them to live the best life they can by being supported to take certain risks. The Assessment Team noted while feedback was not directly related to taking risks, consumers said staff understand what is important to them and support them to make decisions about the care and services they receive. Staff and volunteers interviewed by the Assessment Team were able to describe some instances where they offer alternatives to minimise risk and help the consumers live the life they choose.

Consumers interviewed by the Assessment Team stated they receive verbal and written information in a way they can understand, which enables them to make informed choices This includes statements, fortnightly menu options and a regular monthly newsletter. Staff interviewed by the Assessment Team described the various ways that they provide information to consumers to enable them to exercise choice. The Assessment Team noted these information methods include via hard copy documentation being provided to consumers of menus, a monthly newsletter, informal discussions with consumers and the provision of the consumer welcome pack on entering the service which includes Charter of Aged Care Rights, and information about advocacy and communication support services.

Consumers, and representatives interviewed by the Assessment Team stated staff and volunteers respect their personal privacy. During interviews with the Assessment Team consumers confirmed actions taken by staff and volunteers include knocking on the consumer’s door before entering the house. Staff and volunteers interviewed by the Assessment Team described how they respect the personal privacy of consumers and how personal information is kept confidential. The Assessment Team analysed evidence which showed consumer information is stored on an electronic database and access to this information requires user login details including password. During interviews with the Assessment Team Management confirmed all paper work is scanned and placed in locked filing cabinets until it can be shredded, and antivirus software is installed on all computer systems.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

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| Requirement 1(3)(a) | CHSP | Compliant |

*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 |

### *Care and services are culturally safe.*

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

*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 |

### *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 | Compliant |

*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 1(3)(f) | CHSP | Compliant |

*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 Assessment Team analysed evidence and conducted interviews which showed the service did not demonstrate that assessment and care planning documentation consistently informed the delivery of safe and effective care and services or that all risks to the consumer are considered and strategies to minimise risks are documented for all consumers.

The Assessment Team analysed evidence which showed the outcomes of assessment and planning are not consistently communicated to consumers and their representatives and assessment and planning is not reviewed on a regular basis or when there has been a change in the consumers’ condition or following an incident. The Assessment Team noted assessment and planning did not identify or address all risks to the consumer’s health and well-being, however consumers described in several ways how the current service delivery meets their needs, goals and preferences.

The Assessment Team analysed evidence which showed while assessment and planning did not identify or address all risks to the consumer’s health and well-being, the service demonstrated they do everything they reasonably can to plan services that centre on the consumer’s needs, goals and preferences. Advance care planning and end of life planning was not assessed for these service types.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Commonwealth home support programme services are 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 |

*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.*

The Assessment Team analysed evidence which showed the service failed to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services.

The Assessment Team analysed evidence which showed 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. Evidence analysed showed the assessment form contains information on mobility issues, hearing or sight impairments, dietary requirements, food preferences, allergies and alerts, preferred delivery day/s and special delivery instructions. However, the Assessment Team noted, the service does not take into account the consumer’s assessment summary and support plan available from My Aged Care (MAC) or gather information from others involved in the care of the consumer.

Examples and evidence of the service failing to meet this Requirement include:

The Assessment Team sampled fourteen Meals on Wheels consumer files and identified information is not consistently documented for each consumer. Of the fourteen sampled files, eight consumer files contained a copy of the Charter of Aged Care Rights, and only one file contained a copy of the consumer’s MAC assessment summary.

The Assessment Team noted they completed analysis into sampled consumer MAC assessment summaries, and discovered:

Consumer A is 71 years of age, Coordinators said Consumer A is in a wheelchair. Consumer A’s consumer file does not detail health information including disabilities and it did not contain a copy of his MAC assessment summary.

Consumer B is 88 years of age, Consumer B’s consumer file lists ‘trouble swallowing’ under health information and mince moist under meal properties. The Assessment Team noted the assessment did not provide further instructions or strategies to guide safe and effective care, and his consumer file did not contain a copy of his MAC assessment summary.

Consumer C is 60 years of age, during interviews with the Assessment Team Consumer C advised Consumer C is diabetic and has broken teeth which limits the type of food Consumer C is able to eat. The Assessment Team noted Consumer C’s consumer file lists Consumer C’s health information as ‘requires walking frame, cut up small’. The Assessment Team noted they did not identify diabetes as a health condition and her consumer file did not contain a copy of her MAC assessment summary.

The Assessment Team analysed evidence which showed nine of fourteen consumer files contained completed home safety risks. The Assessment Team noted consumer risk assessments that have not been completed have resulted in care plans not having sufficient detail about consumer’s assessed needs and risks to guide staff in the delivery of safe and effective care and services.

Consumers and representatives interviewed by the Assessment Team stated, in general terms, the service is well planned to meet the care and services they need. The Assessment Team noted while consumer and representative feedback was generally positive regarding services and supports received, the Assessment Team identified multiple pieces of evidence that showed the absence of important information regarding consumers’ care and service needs in documentation.

Following feedback provided by the Assessment Team, management acknowledged there are areas for improvement and advised they would action identified gaps as part of their continuous improvement process. The Assessment Team noted management had previously identified that assessment and planning required improvement and the client services manager role was established to review the process.

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

*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 |

*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.*

The Assessment Team analysed evidence which showed while the service demonstrated assessment and planning is based on ongoing partnership with the consumer and/or their representative; there was insufficient evidence to show that assessment and planning includes other providers involved in the care of the consumer. The Assessment Team found the service could not clearly identify those consumers where other service providers were involved in their care, for example which consumers were receiving a Home Care Package (HCP) from another provider. The Assessment Team analysed evidence which showed where other organisations shared the care and services of consumers there was insufficient evidence that assessment and planning included those organisations. The Assessment Team found the service does not communicate with other aged care providers when volunteers have noticed a change in a consumer’s condition or have reported incidents that have impacted the consumer such as falls.

An example and evidence of the service not meeting this Requirement includes:

Consumer D is94 years of age and lives alone, During interviews with the Assessment Team Consumer D advised Consumer D has Alzheimer’s disease and receives domestic assistance from formal carers. The Assessment Team found Consumer D’s consumer file does not detail health information and did not contain a copy of Consumer D’s MAC assessment summary.

During interviews with the Assessment Team management confirmed the service does not always initiate communication with other service providers to inform assessment and planning. The Assessment Team provided feedback to management who acknowledged the deficiencies brought forward by the Assessment Team.

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

*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.*

The Assessment Team analysed evidence which showed the service did not demonstrate outcomes of assessment and planning are effectively communicated and documented in a care and service plan that is readily available to the consumer and/or representative. The Assessment Team analysed evidence and identified 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 Assessment Team analysed evidence which showed 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. During interviews with the Assessment Team volunteers reported the delivery run sheet provides the information they require to deliver the appropriate service, according to the consumer’s preference. However, the Assessment Team identified that information from assessment forms and updates are not always consistently recorded. This is further discussed in Requirement 2(3)(a).

Consumers and representatives interviewed by the Assessment Team advised that service delivery details are discussed with them and changes are made at their request. Consumers interviewed by the Assessment Team stated 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 Assessment Team analysed evidence which showed the service did not demonstrate relevant risks to the consumer’s safety, health and wellbeing are consistently documented or available to staff and volunteers. Refer to Standard 2 Requirement 2(3)(a) for additional evidence and examples.

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

*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.*

The Assessment Team analysed evidence which showed the service did not demonstrate each consumer’s care and services are regularly reviewed for effectiveness or when there are changes in the consumer’s needs and circumstances. The Assessment Team noted while the service responds to information provided by consumers, representatives or by volunteers regarding changes in the consumer’s needs and preferences, this information is not actively sought on a regular basis.

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

The Assessment Team analysed evidence which showed processes are not in place to ensure each consumer’s care and services are formally reviewed at least twelve monthly at a minimum, as required. The Assessment Team found the service does not meet the requirements set out in the CHSP program manual which states that CHSP service providers must undertake a review of services being delivered, at least every 12 months with the outcome of the review recorded on the consumer record.

The Assessment Team analysed evidence which showed the service has a reassessment policy that states they will formally reassess consumers and their needs on a twelve-monthly basis, however during interviews with the Assessment Team management acknowledged they do not initiate regular consultation with each consumer to review their needs and ascertain whether there are any changes in circumstances.

Following feedback from the Assessment Team, management acknowledged the deficiencies identified. While management described the plan in place to ensure all consumer’s care and services are reviewed, at the time of the quality audit the service did not demonstrate the outcomes of this requirement.

# 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.

## Assessment of Standard 3

The Quality Standard for the Commonwealth home support programme services are assessed as Not Applicable as seven of the seven specific requirements have been assessed as Not Applicable.

# STANDARD 4 Services and supports for daily living CHSP 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

During interviews with the Assessment Team consumers, and representatives, advised they are satisfied with the meal service delivery they receive. Consumers, and representatives interviewed by the Assessment Team reported the service is flexible and accommodating to their needs and preferences and allows them to continue to maintain their independence. Staff and volunteers interviewed by the Assessment Team had a good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves, if this is their preference. The Assessment Team noted documentation demonstrates information on individual preferences in relation to the meals and the delivery of those meals is available to volunteers and staff.

Consumers and representatives interviewed by the Assessment Team stated staff and volunteers are all very kind and friendly and provided specific examples of how the volunteers took the time to chat with them and assist them with small tasks at home. During interviews with the Assessment Team staff and volunteers demonstrated they know the consumers well and could describe how they support consumers’ emotional and psychological wellbeing. Management, coordinators and volunteers interviewed by the Assessment Team demonstrated an understanding of what is important to individual consumers and how the provision of a flexible service supports the wellbeing of the consumer.

The Assessment Team analysed evidence which showed the service demonstrated that services and supports for daily living assist consumers to take part in the community, interact with others and do things of interest to them. Consumers, and representatives interviewed by the Assessment Team 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. During interviews with the Assessment Team management were able to provide examples of how service delivery is adjusted when situations change, to ensure goals and preferences are still being met. The Assessment Team analysed evidence which showed consumer care plans and delivery run sheets confirm consumers have day to day control over the service they receive.

The Assessment Team analysed evidence which showed the service demonstrated information about the consumer’s condition, needs and preferences is communicated within the service, and with others where the responsibility for services and supports for daily living is shared. Consumers and representatives interviewed by the Assessment Team were satisfied that information about their care and services is shared within the service and with others involved in their care. During interviews with the Assessment Team volunteers stated they receive information about the consumer and updates on the consumer’s requirements through the run sheet and through the staff and coordinators. During interviews with the Assessment Team management advised that volunteers will report to coordinators if they have concerns or notice a decline in a consumer’s health or wellbeing and coordinators confirmed this and provided practical examples.

Consumers and representatives interviewed by the Assessment Team stated they are satisfied with the services and supports delivered by those the consumer has been referred to. Evidence analysed by the Assessment Team showed the service has an active network of other individuals, organisations and providers they can refer to or collaborate with to meet the lifestyle needs of consumers.

The Assessment Team noted the service demonstrated that the meals provided are varied and of suitable quality and quantity. Consumers, and representatives interviewed by the Assessment Team stated they get enough food, are provided with a variety of meals and the service accommodates their individual needs and preferences. During interviews with the Assessment Team staff described the process for assessing the dietary needs, allergies and preferences for consumers and how this is communicated to the kitchen staff. Staff and management interviewed by the Assessment Team explained meals can be provided either fresh or frozen, or a combination of both, to meet the consumer’s needs and preferences and delivered in the quantity the consumer wishes. Documentation evidenced the service provides an individual and flexible approach to meal delivery.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the six applicable requirements have been assessed as Compliant. Requirement 4(3)(g) is Not Applicable and therefore not assessed.

**Assessment of Standard 4 Requirements**

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

*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 |

*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 |

*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 | Compliant |

*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 4(3)(e) | CHSP | Compliant |

*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 |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| Requirement 4(3)(g) | CHSP | Not Applicable |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment CHSP Compliant

### 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.

## Assessment of Standard 5

During the Quality Audit the Assessment Team inspected and subsequently found the social support day centre environment is welcoming and optimises consumers’ independence, interaction and function. The Assessment Team noted the environment provides spaces for group activities, individual interests, quiet reflection and/or consumers are able to make use of the spaces as they choose. The Assessment Team noted the centre is located on the ground level at the rear of the service, with consumers transported by bus to the door, consumers are welcomed and assisted from the bus and escorted inside by the staff. The Assessment Team noted there is a main space for group interaction and activities, with tables and chairs which can be configured according to the activity and reconfigured for dining at lunchtime to accommodate individual consumers’ needs and preferences

During the Quality Audit the Assessment Team inspected and subsequently found the centre environment was safe, clean, well-maintained and comfortable. The Assessment Team noted consumers were observed to move freely through the space and from one space to another on their own initiative. The Assessment Team noted the centre was observed to be easily navigated by consumers, with appropriate signage and ready access throughout. Safe access and egress are provided by level flooring throughout, with close observation and/or stand-by assistance from staff for consumers who mobilise on their own initiative. The Assessment Team noted staff assist consumers to and from the bus for safety.

The Assessment Team analysed evidence which showed the service demonstrated there are systems and processes in place to ensure furniture, fittings and equipment is safe, clean, well maintained and suitable for the social support group consumers. Evidence analysed showed clear responsibilities are documented for the safe use, ongoing suitability and maintenance of equipment used by staff and consumers.

During the Quality Audit the Assessment Team inspected and subsequently found furniture and fittings were observed to be in clean and in good condition and suitable for the consumer cohort. The Assessment Team noted a small kitchen provides facilities for staff to prepare morning tea for the consumers, while lunch is provided directly from the upstairs kitchen. The Assessment Team noted bathrooms are mobility friendly and cleaned regularly.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as three of the three specific requirements have been assessed as Compliant

## Assessment of Standard 5 Requirements

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| Requirement 5(3)(a) | CHSP | Compliant |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

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| Requirement 5(3)(b) | CHSP | Compliant |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

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| Requirement 5(3)(c) | CHSP | Compliant |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints CHSP 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 Assessment Team analysed evidence which showed the service demonstrated they actively encourage consumers and their representatives to submit feedback and/or complaints about the care and services they receive. Consumers and representatives interviewed by the Assessment Team confirmed they feel empowered and supported to submit feedback and/or complaints and feel comfortable to raise issues should they wish to do so. Evidence analysed showed the service has policies, procedures and information for consumers in relation to feedback and complaints. The Assessment Team noted an established feedback and complaints handling process supports staff and management in capturing and responding to feedback and complaints.

The Assessment Team analysed evidence which showed the organisation demonstrated that appropriate action is taken to ensure consumers and representatives are empowered to provide feedback or submit a complaint, whatever their culture, language or ability. Evidence analysed by the Assessment Team showed consumers and representatives receive information on their right to access advocates, language services and other methods for raising and resolving complaints and are supported to access these should they wish to do so. The Assessment Team analysed evidence which showed consumers and representatives are provided with information relating to complaints, feedback, advocates and language services on commencement and this is explained to them. Additionally, the Assessment Team noted information relating to access to translation and interpreting services, communication support and advocacy services is provided should the consumer require these. The Assessment Team noted based on evidence analysed the consumer is informed of their right to contact the Commission to make a complaint, up to date contact details are provided to the consumer and information on what they can expect from the Commission’s complaints process.

Consumers and representatives interviewed by the Assessment Team confirmed the service responds promptly to any issues raised, provides an honest explanation and action is promptly taken. Consumers and representatives interviewed stated they’re confident they will continue to be treated with respect and dignity regardless of any issues they may raise.

The Assessment Team analysed evidence which showed the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team noted complaints documentation demonstrated open disclosure is used as part of the complaint management process. The Assessment Team analysed evidence which showed the service demonstrated feedback and complaints are reviewed and used to improve care and services for consumers. The Assessment Team analysed evidence which showed feedback and complaints are documented, and any negative feedback is used to inform strategies to prevent reoccurrence of the reported concern for individual consumers and continuous improvement of the service’s overall performance.

The Assessment Team analysed evidence which showed all feedback both positive and negative is consistently recorded, actioned, analysed and reviewed to improve service performance in an ongoing way. Evidence analysed showed feedback and complaints are discussed by the management committee to monitor service performance and identify improvements across the board.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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

*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 | Compliant |

*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 | Compliant |

*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 | Compliant |

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

# STANDARD 7 Human resources CHSP 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 Assessment Team analysed evidence which showed the organisation demonstrated the workforce is planned and deployed to support care and service delivery. Evidence analysed showed there is a structured approach to scheduling consumer services and rostering of staff and volunteers. The Assessment Team noted the organisation duly considers the skills and abilities needed to provide continuity of care and service to consumers on a daily basis, including adapting to meet changing circumstances. Consumers, and their representatives interviewed by the Assessment Team confirmed they receive their services as agreed and as expected and stated the service is reliable and volunteers are always on time with the meal delivery.

Consumers and representatives interviewed by the Assessment Team confirmed they are always treated with respect by staff and volunteers. During interviews with the Assessment Team Consumers and/or representatives, advised staff and volunteers treat them kindly and with care, respect their individuality and accommodate their preferences. Statements made by consumers during these interviews referenced how the meal delivery volunteers always ask how they are and have a quick chat.

The Assessment Team noted the social support service staff take the time to listen to the consumers, understand how they are feeling on a particular day and observe how they react during group activities and community outings to support them to have an enjoyable experience. Interactions observed by the Assessment Team confirmed staff treat consumers with care and respect, their dignity is maintained, and their personal preferences are accommodated. The Assessment Team observations showed staff were well versed in individual consumer’s particular characteristics and interests.

Evidence analysed by the Assessment Team showed the organisation demonstrated that the workforce is competent, and the members of the workforce have the qualifications and knowledge to perform their roles. Consumers and representatives interviewed by the Assessment Team stated that volunteers and staff know what they are doing and understand the consumer’s needs and preferences. During interviews with the Assessment Team volunteers stated they receive information regarding consumers verbally and on the run sheets, and are alerted if the consumer has memory problems, visual or hearing loss and report any concerns to the office. The Assessment Team noted volunteers are educated in safe food handling practices to support them in their role.

The Assessment Team analysed evidence which showed the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Consumers and representatives interviewed by the Assessment Team advised they felt management, staff and volunteers know what they are doing and have confidence in the ability of the service to meet their needs and preferences.

Evidence analysed by the Assessment Team showed staff and volunteers receive the ongoing support and training they need to carry out their roles and responsibilities in delivering services to aged care consumers. Evidence analysed showed feedback is gathered from staff and volunteers to gauge their level of satisfaction with the support and information provided.

Volunteers interviewed by the Assessment Team stated they receive training, receive the information they need and feel supported by the service. All volunteers interviewed by the Assessment Team advised they have received on the job training, as well as orientation and induction on commencement. For example, one volunteer described the on-the-job training including buddy shifts during meal delivery runs, adding they have also received information, reminders and prompts during the pandemic, including the wearing of personal protective equipment.

The Assessment Team analysed evidence which showed regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team noted the performance of each staff member is monitored and evaluated regularly and the organisation monitors performance and capabilities of the workforce overall. Evidence analysed showed consumer feedback positive and negative is taken into account in monitoring the performance of staff and volunteers. The Assessment Team found a probation period is in place and 360-degree feedback is sought to ensure staff are the right fit for their role. The Assessment Team noted at the time of the Quality Audit there are 6 staff on probation, with two weekly scheduled reviews with the manager, and records sighted confirm monitoring by management.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five specific requirements have been assessed as 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 | Compliant |

*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 | Compliant |

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

# 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

Evidence analysed by the Assessment Team showed consumers and representatives are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumer and representative interviewed by the Assessment Team confirmed the ways that the service seeks their information and input into the care and services they receive. Consumers and representatives interviewed confirmed they are able to provide input in a range of ways and express their opinion of the service.

Evidence analysed by the Assessment Team showed feedback from consumers and representatives is actively sought by staff and volunteers in an ongoing way. Staff and volunteers interviewed by the Assessment Team described the ways consumers and representatives are supported to provide feedback at any time on the quality of the service. The Assessment Team noted the recently introduced client service manager role includes collation of consumer feedback received and provision of a report at each management meeting.

Evidence analysed by the Assessment Team showed the organisation demonstrated it promotes a culture of safe, quality care and services and is accountable for the delivery. The Assessment Team noted the volunteer management committee comprises 9 members: office bearers are the president, vice president, secretary and treasurer and there are 5 committee members.

Evidence analysed by the Assessment Team showed executive meetings are regularly held to discuss, review and support decision making on the organisation’s strategic plan and operations of the service, for example the progress of action items, budget and funding, review of policies and procedures and recommendations, workforce matters and upcoming audits. The Assessment Team noted meeting minutes sighted confirm the management committee remains informed and keeps records of their deliberations and decisions.

Evidence analysed by the Assessment Team showed the management committee has appropriate governance training, with the most recent being provided in April 2022 by QMOW. The Assessment Team noted governance is a standing agenda item with discussion on the strategic plan and continuous improvement. A review of the constitution is planned, and the president has attended a constitution workshop in preparation.

Evidence analysed by the Assessment Team showed the organisation did not demonstrate effective risk management systems and processes that help them identify and respond to risks to the health, safety and well-being of consumers. The Assessment Team found key high impact and high prevalence risks associated with the care of consumers are not consistently identified, addressed or monitored through initial and ongoing assessment and care planning processes.

Evidence analysed by the Assessment Team showed the organisation demonstrated effective governance systems in relation to information management, financial governance, workforce governance and feedback and complaints. The Assessment Team noted in relation to continuous improvement, the service demonstrated a process for identifying and implementing improvements.

While the Assessment Team found Requirement 8(3)(c) not met, I have had regard to the evidence supplied and considered it against the intent of the Requirement, the Decision Maker has decided to overturn the Assessment Team’s decision for the reasons outlined in the specific Requirement 8(3)(c) below.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as one of the four applicable requirements have been assessed as Not Compliant. Requirement 8(3)(e) is Not Applicable and therefore not assessed.

## 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 | Compliant |

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

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

*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.*

The Assessment Team analysed evidence at the time of the Quality Audit and found the organisation did not demonstrate effective systems and processes in place to support the service to meet all regulatory and program requirements in respect to the Commonwealth Home Support Programme. The Assessment Team found compliance with the Quality Standards was not demonstrated, as reflected in the recommendations of not met in Standard 2 and Requirement 8(3)(d) and used this to substantiate their recommendation of “not met’ for Requirement 8(3)(c).

The decision maker has had regard to the evidence supplied in the Assessment Team report and considered it against the intent of the Requirement, the Decision Maker has decided to overturn the Assessment Teams decision for the below reasons.

#### Information management

Evidence analysed by the Assessment Team showed the organisation has effective information systems and process to support staff and volunteers in their roles and meet their responsibilities. Evidence analysed showed policies and procedures are in place to guide information management, staff and volunteers understood how these relate directly to their role. The Assessment Team found ready access to information is available relevant to role and staff and volunteers were able access current information on consumer’s care requirements and preferences to support care and service delivery; staff and volunteers interviewed were aware of individual consumer’s current needs. Evidence analysed showed broader information and updates are provided through established communication and reporting pathways and regular meetings.

#### Continuous improvement

Evidence analysed by the Assessment Team showed the organisation’s self-assessment against the Quality Standards resulted in improvements being identified across requirements, including in relation to assessment and planning and incident management. Evidence analysed showed a continuous improvement plan has been developed which will be reviewed monthly with each service coordinator. Review of the continuous improvement plan for the period August 2021 to June 2022 confirmed improvement activity across aspects of business management, financial systems, funding and grants, human resources and service operations.

**Financial governance**

Evidence analysed by the Assessment Team found 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 Assessment Team found the management committee have oversight of services’ income and expenditure and this is discussed and reviewed at each meeting. Evidence analysed showed financial delegations are in place and purchase of items and equipment is discussed with approval by the management committee when required. Evidence analysed showed financial audits are conducted yearly by an external auditor.

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

Evidence analysed by the Assessment Team showed the management committee are aware of their respective roles and responsibilities and their accountabilities in relation to workforce governance. During interviews with the Assessment Team management demonstrated they have the required knowledge of aged care programs and the requirements of the Quality Standards. Evidence analysed by the Assessment Team showed staff and volunteers receive the ongoing support, training, professional development and feedback they need to meet the needs of aged care consumers and deliver the outcomes the Quality Standards describe. Refer to Standard 7 Human resources.

#### Regulatory compliance

Evidence analysed by the Assessment Team showed staff and volunteers have current national police certificates where relevant to their role, although the majority of volunteers work in pairs and do not have unsupervised access to consumers. Records sighted by the Assessment Team confirmed currency of police certificates or equivalent worker screening is monitored.

The Assessment Team analysed evidence which showed the social support service staff all hold current first aid certificates.

During interviews with the Assessment Team management advised there are no adverse findings by another regulatory agency or oversight body in the last twelve months. During interviews with the Assessment Team management described how the organisation maintains up to date information on legislative, funding and relevant guidelines through various methods, for example correspondence and media releases, funding bodies and associated websites, Australian Government websites, and the organisation’s membership with the peak body QMOW.

#### Feedback and complaints

Evidence analysed by the Assessment Team showed the organisation has a system for dealing with complaints and consumer and/or representative feedback fairly, promptly, confidentially and without retribution. Evidence analysed showed verbal and written information about the complaints process is given to consumers and representatives on entry to the service. The Assessment Team found volunteers, staff, management and committee members actively seek feedback to inform improvements. Evidence analysed showed there is an established system for logging, escalating and tracking complaints and for ensuring that complaints are handled promptly and followed up for evaluation of outcomes. Evidence analysed showed feedback and complaints feed into actions for improvement and oversight is maintained by the manager and the management committee. Refer to Standard 6 Feedback and complaints.

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

*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.*

The Assessment Team analysed evidence which showed the organisation did not demonstrate effective risk management systems and processes that assist them in identify and responding to risks to the health, safety and well-being of consumers. Evidence analysed by the Assessment Team showed key high impact and high prevalence risks associated with the care of consumers are not consistently identified, addressed or monitored through initial and ongoing assessment and care planning processes. Evidence analysed showed the organisation did not demonstrate that the incident management system is effective in ensuring oversight including trending and analysis of incidents. Evidence and examples include:

Evidence analysed by the Assessment Team showed the assessment and planning process is not effective in ensuring that risks to the consumer’s health and wellbeing are identified as part of the service-level assessment, and how such risks will be managed is not reflected in the consumer’s service plan. The Assessment Team found while management, staff and volunteers were able to describe individual consumer’s circumstances and how they monitor their overall health and wellbeing, this information is not captured in the service-level assessment for each consumer nor reflected in their service plan. Refer to Standard 2 Ongoing assessment and planning.

The Assessment Team noted the assessment and planning procedures and processes are under review, including sourcing the MAC (My Aged Care) assessment summary and support plan for each consumer to ensure that the service is alerted to the range of risks and these are taken into account in assessment and planning.

In respect of the meals service:

Evidence analysed by the Assessment Team showed to support consumers with increasing frailty and declining mobility, the service does work to minimise risk by assisting the consumer, for example by taking the meals into the consumer’s house and placing these on the bench or storing these in the fridge or freezer. However, the Assessment Team found the level of assistance provided to minimise risk is not documented in the consumer’s assessment or described in the service plan.

Evidence analysed by the Assessment Team showed home safety risk assessments are not currently completed as part of the ongoing assessment and planning process to identify and respond to potential and emerging risks to the consumer’s safety and security and to facilitate referral for access to other service types and supports.

In respect of the social support group service:

Evidence analysed by the Assessment Team showed the organisation does not have an effective incident management system in place, as per the regulatory requirement which came into effect on 1 April 2021. Evidence analysed showed the management committee does not regularly review and analyse the management of all incidents and use this information to inform risk management and continuous improvement activity.

The Assessment Team noted There are procedures in place for non-response by a consumer to a scheduled visit. Staff and volunteers interviewed by the Assessment Team clearly described the action they take when the consumer does not answer the door as expected. However, evidence analysed by the Assessment Team showed a non-response to a scheduled visit does not feed into the incident management system where relevant. Evidence analysed by the Assessment Team showed where the consumer does not answer the door due to experiencing an adverse event inside the home, such as a fall or a medical episode, appropriate action is taken however an incident report is not completed.

Evidence analysed by the Assessment Team showed at the time of the Quality Audit, the organisation did not demonstrate that incident reports are consistently completed for each incident where relevant and incidents are not logged on a register or similar to facilitate ready oversight, analysis of root cause and identification of trends and strategies to prevent recurrence. During interviews with the Assessment Team management acknowledged that the incident management system required review and undertook to address this as a priority.

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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 2(3)(a) | CHSP | Not Compliant |

*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 | Not Compliant |

*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.*

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

*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 | Not Compliant |

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

*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.*