**Performance**

**Report**

**1800 951 822**

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| Name: | Kilcoy Meals on Wheels |
| Commission ID: | 700648 |
| Address: | 21 Row St, KILCOY, Queensland, 4515 |
| Activity type: | Quality Audit |
| Activity date: | on 8 August 2024 |
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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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8015 Kilcoy Meals on Wheels Incorporated  
Service: 24590 Kilcoy Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report has been prepared by J. Earnshaw, 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 services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information known to the Commission.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers reported being treated with dignity and respect and receiving services that are delivered in accordance with what is important to them and their cultural preferences.

Staff and volunteers demonstrated knowledge of consumer needs and how they respect consumer preferences. Management described, how services are conducted in a consumer-centred approach with consumers actively engaged to ensure culturally safe service delivery. The service demonstrated consumer’s cultural needs and preferences are considered and can be supported when providing meal services.

Consumers reported the service involves them in making decisions about the meal services they receive. Staff and management described how they support consumers to exercise choice and make decisions about services and how this information is captured.

Consumers reported the service supports and respects consumer choices and provides detailed information that is easy to understand. The service demonstrated information provided to each consumer is current, accurate and timely. Staff and management described how they provide information to consumers at the commencement of services and regularly provide a range of information including, a client handbook.

Consumers said the service has informed them on the collection and use of their personal information and expressed their confidence in the organisation protecting their privacy and confidentiality. The service demonstrated it has effective systems in place to protect consumers’ privacy and personal information. Staff and volunteers demonstrated an understanding of their responsibilities in maintaining privacy and confidentiality of consumer information.

# 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)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | 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 utilises an assessment and planning process to inform the delivery of meal services, collecting information related to mobility special dietary needs, preferences, and frequency of meal delivery. The information gathered informs a safe and effective meal delivery service, which is reviewed when consumer needs or preferences change.

Consumers said they receive meal services that meet their needs, and they are involved in assessment and planning processes. Documentation showed consumers participate in assessment and planning including the involvement of others as required.

Care planning documentation confirmed that consumer Information informs a safe and effective meal delivery service plan, which is reviewed regularly and when consumer needs or preferences change.

Staff and volunteers demonstrated an understanding of assessment and planning processes and provided examples of how they monitor, escalate and update changes in consumer health and well-being.

Care documentation demonstrated, and consumers reported others are involved in assessment and planning of their meal services as they may choose.

The service demonstrated processes are in place to ensure services provided meet the consumer’s current needs including when changes in the consumer’s health condition or personal preference occur. Consumers advised the service supports them when changes occur, and staff described how they identify and escalate changes in consumer health, well-being or preferences.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service supports them to maintain their independence and quality of life.

Staff described how consumers are supported to maintain their independence and how the meal delivery service is tailored to support the individual consumers' needs and preferences.

Care documentation includes information relating to meal service which are identified through assessment of consumers’ needs and preferences.

Consumers are provided safe and effective meal services which supports and meet consumers’ preferences and promote their emotional well-being. Consumers said the service and staff form part of their daily life and provided positive feedback about staff and the meal services delivered which meet their needs, goals and preferences.

Care documentation evidenced consumers’ preferences in relation to meal service delivery and is incorporated into their service and delivery documentation. Individual consumer needs and preferences are documented to guide staff in supporting consumers to maintain their interests and social relationships by having flexibility in meal delivery services.

The service has processes in place to ensure information about the consumer’s needs and preferences are communicated within the organisation and shared with others as appropriate. Staff advised and documentation demonstrated consumer information is available to staff, volunteers and others involved in providing services.

Whilst the service does not routinely undertake referrals to other organisations, the service does facilitate consumers to access to additional services to supplement supports and services for daily living.

Consumers are satisfied with the quality, quantity and variety of meals. Consumers’ goals and preferences in relation to meals and their chosen services are documented in their care and services documentation.

The service has equipment to store and deliver meals adequately to ensure meals are delivered safely and in accordance with the preferences of consumers.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers advised not having had need to make a complaint or to provide feedback but said they would feel comfortable to do so. Staff described avenues available to consumers to raise a complaint or to provide feedback and how they are supported to do so.

The service demonstrated there are various opportunities for consumers to provide feedback and raise a complaint. The service provides an information pack to consumers which includes information about how to provide feedback, raise complaints and how to access external agencies to support them with language services, and advocacy services.

The service has a process to capture and respond to feedback and complaints and has policies to guide staff practise, inclusive of volunteers and code of conduct expectations. The service demonstrated appropriate action is taken in response to complaints and consumers expressed confidence that the service would handle feedback and complaints appropriately.

Staff demonstrated a shared understanding of management of feedback and open disclosure processes. The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers expressed satisfaction with the quality of meal services received and said they have not had any services interrupted or cancelled.

Consumers said staff are kind, and respectful, and are not rushed. Staff said they feel supported by management and are rostered in teams of two, to deliver quality services to consumers.

The service has workforce management processes, including workforce planning, recruitment, and performance monitoring processes, to ensure there is a sufficient and competent workforce to deliver safe and quality services to consumers.

The organisation provides a volunteer guide to volunteers which included information and training materials to guide volunteers regarding inclusivity, dignity, respect and maintaining professional boundaries.

The service ensures staff are inducted and trained to provide appropriate skills and staff felt supported by the service with sufficient training to perform their roles.

The workforce is competent, and members of the workforce demonstrated the knowledge required to perform their roles effectively. Consumers expressed confidence in the competency of staff.

Systems are in place to regularly assess, monitor and review staff performance which is also informed via feedback from consumers and staff. The service is supported and guided by organisational performance management policies.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Consumers said they have the opportunity to provide feedback on services and expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their needs.

The service demonstrated how consumer feedback is sought, and how this feedback informs the design and delivery of services.

A Committee oversees the service’s performance and the quality of services provided and has regular contact with consumers by participation in the delivery of services. The committee corresponds with consumers in-person, through letters, and via telephone.

The service demonstrated governance processes are in place to ensure the governing body is accountable for the delivery of safe and quality services. Committee members demonstrated a shared understanding of their roles and responsibilities. The committee subscribe to external bodies for industry updates and is provided with strategic direction, access to updates and resources, and technical advice from the organisation.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. The service has policies and procedures in place to guide staff across the governance systems and staff advised they have access to information to guide how they deliver services.

Continuous improvements are identified through various mechanisms including feedback and complaints received. The service has a proactive approach to the improvement of services and systems in place proportionate to the services provided to manage improvement initiatives.

The organisation has frameworks and policies to manage risk, emergencies and respond to incidents. The service was able to demonstrate an understanding of the high-impact high prevalence risks associated with their consumer demographic, inclusive of social isolation, abuse, neglect, and malnutrition.

Management and staff were able to describe how incidents are managed and escalated and how they are supported by their peak body where additional clarification is needed. The service has committed to further training relevant to reportable incidents.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)