**Performance**

**Report**

**1800 951 822**

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| Name of service: | Logan Central Meals on Wheels Inc. |
| Service address: | 9 Jacaranda Avenue WOODRIDGE QLD 4114 |
| Commission ID: | 700501 |
| Home Service Provider: | Logan Central Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 30 January 2023 |
| Performance report date: | 27 February 2023 |

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.

**This performance report**

This performance report for Logan Central Meals on Wheels Inc. (**the service**) has been prepared by G. McNamara, 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.

# Services included in this assessment

**CHSP:**

* CHSP - Meals, 4-7ZERSV2, 9 Jacaranda Avenue, WOODRIDGE QLD 4114

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 4 Services and supports for daily living | 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 this Quality Standard. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

**Other relevant matters:**

The provider was previously found Non-Compliant with 18 Requirements. I have found two of these requirements to be now Compliant for the reasons summarised below. The following requirements were not assessed and the provider remains Non-Compliant with these Standards and those requirements:

**Standard 1**

**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.

**Standard 2**

**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.

**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.

**Requirement 2(3)(c)** –Assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

**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.

**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.

**Standard 6**

**Requirement 6(3)(a)** -Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

**Requirement 6(3)(b)** - Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

**Requirement 6(3)(c)** - Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

**Requirement 6(3)(d)** -Feedback and complaints are reviewed and used to improve the quality of care and services.

**Standard 7**

**Requirement 7(3)(c)** -The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

**Requirement 7(3)(d) -** The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

**Requirement 7(3)(e)** - Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

**Standard 8**

**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.

**Requirement 8(3)(c)** - Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and

accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

**Requirement 8(3)(d)** -Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

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

Findings

Two requirements of the 7 requirements were assessed and I have found both to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

The service is:

* Communicating consumer condition, needs, and preferences both internally and externally; and
* Aware of referral options and processes should a consumer request or be identified has needing more assistance.

The service’s coordinator advised that when changes in consumer’s condition, needs or preferences are identified this information is passed on to the kitchen staff or the volunteer delivery drivers to ensure this change is actioned. An example evidencing this was given.

Changes to delivery instructions are provided to delivery and companion volunteers both verbally and documented on the run sheets that are provided for each meal run. Delivery and companion volunteers advised they felt they had enough information to ensure their own safety and the safety of the consumers when they delivered their meals.

The service identifies when their consumers are receiving care from other external providers and has demonstrated communication with that provider when required. The service has received correspondence from other service providers about their consumers with emails provided to the Assessment Team where providers have updated the service with information of a consumer being hospitalised and requesting that services be withheld until further notice, and for a consumer who had passed away in hospital. Contact was made with the Queensland Police Service (QPS) when the service had concerns for a consumer’s welfare. Volunteers all described the process of calling the coordinator if they had concerns about the welfare of a consumer and stated the coordinator was very responsive to their observations.

The coordinator also advised the initial consumer information pack contains information for other services including home care package providers, respite services, and advocacy services, and that the consumer is encouraged to contact My Aged Care (MAC) if they require further services. Volunteers are encouraged to report back to the coordinator if they have concerns for a consumer’s welfare that could indicate the need for a referral for more services. Volunteers could describe an understanding of the importance for sharing their observations or consumer requests for assistance with the coordinator and how that process may assist consumers in getting more help.

The coordinator was able to discuss how they would refer consumers to assist them to meet their needs for example encouraging the consumer to contact MAC to get further assistance, ensuring the consumer has access to the information in the initial welcome pack and described how they relied on feedback from volunteers and discussions with consumers and their representatives to identify further needs which may indicate a need for potential referral.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)