Performance

Report

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| Name of service: | Performance report date: |
| Logan West Meals on Wheels Incorporated | 3 August 2022 |
| Commission ID: | Activity type: |
| 700599 | Quality audit |
| Approved provider: | Activity date: |
| Logan West Meals on Wheels Incorporated | 3 June 2022 to 7 June 2022 |

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 West Meals on Wheels Incorporated (**the service**) has been considered by J Zhou delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, 4-7ZFALT6, 2 Wineglass Drive, HILLCREST QLD 4118

# Material relied on

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

* The assessment team’s report which was informed by observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

The Approved Provider should make endeavours to ensure that:

* 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.
* 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 workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* 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;

(vi) feedback and complaints.

# Standard 1

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| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 and representatives interviewed confirmed they are treated with dignity and respect from staff and they felt their identity, culture and diversity is valued. Consumers and representatives interviewed, expressed in various ways, their satisfaction with the meal delivery service as the time saved from making meals allows them to retain their independence and maintain relationships which are important to consumers. Consumers and representatives said they receive information to enable them to make decisions about meal services.

Staff were able to demonstrate an understanding of what it means to be respectful and provide dignity to the consumers they provide meals to. Staff interviewed described how current consumer information is accessed to enable them to deliver safe and effective meal services. Staff interviewed described how consumers privacy is respected and described how consumer information is secured.

# Standard 2

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| Ongoing assessment and planning with consumers | | Not Compliant |
| 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. | Not Compliant |

## Findings

Overall sampled consumers say they are happy with the service they receive, they are involved in the planning of the service they receive and that it meets their current needs, goals and preferences.

I agree with the Assessment Team’s recommendations regarding the Requirements which I find to be compliant (summarised above) so I will not repeat their evidence in this report.

However, the Assessment Team identified deficiencies with the service’s ability to ensure that the information stored on its consumer files are accurate. For instance, the evidence demonstrated that the information contained within the service’s consumer electronic files were sometimes inconsistent and did not fully consider the information available in MAC referrals. The provider did not provide submissions to the Assessment Team’s findings of these not met areas and as such I find Requirement 2(3)(b) non-compliant.

The Assessment Team also identified that the service could not demonstrate that care and services are reviewed regularly or when circumstances change. The service had a general process for reviewing consumer circumstances, they acknowledged this had not occurred since the onset of the COVID-19 pandemic. Given the provider’s acceptance of this issue and the fact that it did not provide submissions to the Assessment Team’s findings of this Requirement not being met, I find Requirement 2(3)(e) non-compliant.

# Standard 3

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| Personal care and clinical care | | Not Applicable |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

## Findings

This Quality Standard is not applicable under this standard as this meal delivery service does not deliver clinical care services to the consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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. | Not applicable |

## Findings

The Assessment Team sampled the experience of consumers, asked the workforce how they ensure consumers are provided with the services and supports that are important to their wellbeing and reviewed relevant documents.

Overall sampled consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to live as independently as possible and enjoy life. For this organisation, this means consumers are delivered meals according to their needs, goals and preferences.

A review of documentation and interviews with staff and the mostly volunteer workforce, confirmed there are procedures that support the delivery of meals according to the consumer’s preferences and in a way that ensures consumers live as independently as possible and can have control over their lives.

The evidence to hand (summarised) demonstrates the provider is meeting its obligations under this standard.

# Standard 5

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| Organisation’s service environment | | Not-applicable |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

## Findings

The Quality Standard is not applicable under this standard as this is a meal delivery service and the service does not operate a service environment that consumers attend on a regular basis for activities including meals**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Assessment Team interviewed several consumers and their representatives who explained in different ways they considered the service encouraged and supported them to give feedback and make complaints. Overall consumers and their representatives were satisfied with the service and described not needing to raise complaints but stated they feel comfortable and safe to do so. While the service did not include information about translation services in its consumer brochure, the Assessment Team noted the consumer cohort accessing this CHSP service spoke English.

Service documents evidenced the presence of embedded policies and procedures to guide service staff in taking corrective action when things go wrong. Apologies are issued by the service and relevant action is taken to address causes and reduce recurrences. Open disclosure is part of the service’s usual business practice.

The service evidenced through its policy and staff interviews that it seems input and feedback from consumers and their representatives. This information flows back to management who uses it to drive continuous improvement within its meal service and operationally.

**Standard 7**

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| Human resources | | Not-applicable |
| 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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Overall sampled consumers considered the meal service to be well planned, the workforce is competent, kind, caring and delivered in a way that is respectful of their identity, culture and diversity.

A review of documentation and interviews with both Management and volunteer workforce confirmed guidelines and on-the-job initial training support the delivery of quality meal service according to consumer preferences.

I agree with the Assessment Team’s recommendations regarding the Requirements which I find to be compliant (summarised above) so I will not repeat their evidence in this report.

However, the Assessment Team identified there was no evidence of ongoing training being provided to the workforce to enhance their knowledge and competency. The service also does not have any position descriptions for its delivery drivers, aides and kitchen support volunteers of the service. While the service’s plan for continuous improvement notes the development of a training program. At the time of the team’s quality audit, this was not in train. I also note the provider did not respond to the Assessment Team’s findings of these not met Requirements and as such I find Requirements 7(3)(c) and 7(3)(d) non-compliant with the quality standard.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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 |
| Requirement 8(3)(e) | 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. | Not applicable |

## Findings

Overall, sampled consumers/representatives considered the organisation is well run and partnered with them to ensure the meal service is delivered in a way that meets their needs, goals and preferences.

The evidence demonstrates the organisation’s governing body promotes a culture of safe, inclusive and quality meal services and is accountable for their delivery. The service provides results of incidents, complaints, consumer surveys and feedback information to the Committee meetings. The Committee uses this information to oversee the delivery of a safe, inclusive, and quality meal service.

The organisation has a risk management framework, policies and procedures, and an Incident Management System (IMS) for identifying high-risk consumers who are receiving meal delivery services. The workforce has a shared understanding of the systems and processes for delivering a safe and reliable meal service.

I agree with the Assessment Team’s recommendations regarding the Requirements which I find to be compliant (summarised above) so I will not repeat their evidence in this report.

However, I am concerned that the Assessment Team found evidence demonstrating the service has issues with its workforce governance and how it ensures regulatory compliance with the relevant requirements.

With respect to workforce governance, the service does not have job descriptions for its staff and the Assessment Team notes the workforce have not been presented with this document. The lack of proper documentation regarding job expectations and coupled with the lack of ongoing training means the workforce is not able to deepen their understanding of their responsibilities or their obligations under the relevant quality standards while working in the sector.

The Assessment Team noted that the management is establishing a system for monitoring workforce criminal history checks, car registrations, driver insurance and licence checks. Such checks are required by legislation and should be embedded practice within an organisation such as this. Furthermore, the service does not have a specific COVID Safe Plan. During the audit, the Assessment Team noted the consumers do not have a signed copy of the Charter of Aged Care Rights in their file, and service Management stated they were unaware of this but instigated remedial action while the quality audit was in progress.

I acknowledge the Approved Provider’s intention to address the outstanding issues identified by the Assessment Team. However, such processes take time to become embedded into practice before the benefits are realised. The various issues identified during the quality audit as evidenced above means that at the time of the quality review, I am unable to find the provider complaint with Requirement (3)(c) of this standard.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)