**Performance**

**Report**

**1800 951 822**

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| Name of service: | Logan West Meals on Wheels Incorporated |
| Service address: | 2 Wineglass Drive HILLCREST QLD 4118 |
| Commission ID: | 700599 |
| Home Service Provider: | Logan West Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 9 December 2022 |
| Performance report date: | 09 January 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 West Meals on Wheels Incorporated (**the service**) has been prepared by M Balukovska, 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:**

* Community and Home Support, 24093, 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 for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

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

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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

At the time of performance report decision, the service was:

* Demonstrating embedded care plan development and review processes
* Reassessing consumer needs, preferences and dietary requirements within a 12-month period or as consumer circumstances change

Positive changes have been implemented regarding the review process. Management advised the service has implemented 6 monthly reviews of consumer’s dietary information and contact details. Management advised:

* All assessment and reassessment processes are conducted by sending out a Consumer Details Update form to all consumers.
* In June 2022 the service sent out an older version of this form requesting consumers to update their contact details.

The service has a process to communicate with the consumers if this form has not been returned. For example, volunteers would be asked to follow up and encourage completion when they are next delivering meals.

* The information from these forms, when returned, is entered onto the service’s electronic information management system and relevant details provided to the Food Service Coordinator to ensure the appropriate meals and preferences are delivered.
* These forms will be given to all consumers at 6 month intervals, however the service will update the electronic information management system if advised of changes earlier.

The service has demonstrated they have processes in place to ensure that all consumers’ dietary needs and preferences are reassessed within a 12 month period and staff update this information earlier if the consumer’s circumstances change

# Standard 7

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| Human resources | | CHSP |
| 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 |

Findings

At the time of performance report decision, the service was:

* Providing staff with position descriptions for both paid and volunteer roles.
* Capturing details relating to staff such as driver’s license, vehicle registration and vaccination status and have a process to monitor the currency of this information.
* Providing training for volunteer staff to ensure they understand their roles and responsibilities.

The service has provided the Assessment Team with evidence of processes implemented to improve their workforce competence and knowledge and enhance how they perform their roles. For example:

* Management have implemented position descriptions for both the Food Service Coordinator and their volunteer delivery staff.
* Management stated this information is disseminated to volunteers as they attend their designated run and provided to new staff as they join the service.
* Management have sent through evidence of capturing staff driver’s licence numbers, vehicle registration details, and vaccination status as well as demonstrating processes to monitor the currency of these details.
* The Assessment Team noted criminal history checks for 5 volunteers had expired. Management advised they were aware of this, had submitted applications and were awaiting the return of these documents. Management advised because of this error they had a stronger plan moving forward to ensure that all members of the workforce had current criminal history checks.

The service has implemented training opportunities for their volunteer staff to ensure they are better supported in their role. For example:

* Management and the Food Service Coordinator advised that the kitchen staff were a diverse group of volunteers, with English often not their first language. The Food Service Coordinator advised this training was conducted verbally with verbal acknowledgement from each staff member demonstrating their understanding of this information. The Assessment Team noted that some kitchen staff signed a training register.
* Management advised that delivery aides and delivery driver volunteers underwent specific training in October 2022.
* The Assessment Team was provided with the training handout which Management advised was given to all volunteers. This training was noted to include pre-meal pick-up process and the use of run sheets, identification of ‘special meals’, and packing processes. Information relating to delivery of meals including safety precautions and non-response plans was also documented; and processes were outlined for the end of delivery.

**Standard 8**

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| Organisational governance | | CHSP |
| 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. | Compliant |

Findings

At the time of performance report decision, the service was:

* Continuing to maintain standards for information management, continuous improvement, financial governance, and feedback and complaints.
* Improving its workforce governance systems by providing guidance on roles, responsibilities and accountabilities through using position descriptions and position specific training.
* Improving regulatory compliance by maintaining registers to monitor criminal history checks, vaccination status, and educating staff on regulatory changes.

**Information Management**

Management confirmed their information management processes have not changed since the last Quality Audit. Management confirmed that electronic data is maintained in password protected software, and physical documents are locked in filing cabinets. Management advised that volunteers are provided with enough information about consumers to ensure they are safe, for example, it will be noted on a run sheet if a consumer is hard of hearing but would not share medical information about a consumer if it did not impact meal delivery. There are nil complaints relating to information management noted on the complaints register.

**Continuous Improvement**

Management confirmed they continue to improve their services and utilise a continuous improvement plan to document changes to their practice. Management discussed the following changes to the program since the last Quality Audit. For example:

* Updating the Consumer Details Update form to include a question about changes to meal requirements.
* Ensuring all consumers have been provided with the Charter of Aged Care Rights with a signed copy in the consumers electronic file. Management provided signed copies of these to the Assessment Team.
* Installing a new combi oven and blast chiller.

These changes were all noted on the service’s continuous improvement plan.

**Financial Governance**

Management confirmed there have not been any changes in financial processes since the last Quality Audit. The previous report confirmed appropriate financial governance systems and processes with the service having systems for accounting and invoicing consumers. There are no complaints relating to invoicing or finances on the service’s complaints register.

Workforce Governance including the Assignment of Clear Responsibilities and Accountabilities

The service has demonstrated they have implemented processes to ensure their workforce is competent, trained and supported to effectively perform their roles. These processes include having position descriptions for both paid and volunteer roles as well as providing training for kitchen aides, delivery aides and drivers relating to their roles.

**Regulatory Compliance**

The service has demonstrated they have enhanced their position relating to regulatory compliance. The service has provided evidence of capturing data related to staff drivers licence and vehicle registration, vaccination status and criminal history checks. The service has also demonstrated their ability to monitor this information to ensure currency. The service provided evidence of sharing updated regulatory requirements for the Serious Incident Response Scheme with their workforce and the implementation of a COVID19 ‘Emergency Response Plan’ which was noted to be lacking in the previous Quality Audit.

**Feedback and Complaints**

The service confirmed they are continuing to enter all complaints and compliments onto their complaints register, as provided to the Assessment Team. Evidence on this register noted complaints being documented, actions taken, and outcomes achieved. Actions denote conversations with the Food Service Coordinator when required and providing refunds where consumers were not happy with the meal delivered. There is no evidence provided to demonstrate changes to this system that was deemed by the last Quality Audit to be functioning effectively.

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)