**Performance**

**Report**

**1800 951 822**

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| Name: | Lower Burdekin Meals on Wheels |
| Commission ID: | 700652 |
| Address: | 109 Macmillan Street, AYR, Queensland, 4807 |
| Activity type: | Quality Audit |
| Activity date: | on 2 May 2024 |
| Performance report date: | 27 May 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8099 The Presbyterian Church of QLD (represented by or acting through) Saint Andrews Meals on Wheels Lowe  
Service: 24695 The Presbyterian Church of QLD (represented by or acting through) Saint Andrews Meals on Wheels Lowe

**This performance report**

This performance report for Lower Burdekin Meals on Wheels (**the service**) has been prepared by Kimberley Reed, 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.

# 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 and intelligence held by the Commission in relation to the service. the provider’s response to the assessment team’s report received.

# 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 and representatives provided positive feedback about the workforce, stating they were kind and respectful. They advised the workforce took the time, when it is possible, to understand the consumers’ background and paid attention to their personal circumstances and preferences. The service’s care documentation included consumers’ cultural and diverse backgrounds and relevant needs and preferences. Meal service plans included cultural and diversity information, including cultural needs or preferences and free text to include other information relating to diversity.

Consumers and representatives confirmed the workforce understood consumers’ needs and preferences, meals were delivered in a way that made consumers feel safe, and delivery alternatives could be provided to meet consumers’ wishes. The workforce provided examples of how services were delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Documentation reviewed evidenced an understanding of individual needs and differences.

Consumers and representatives stated the workforce supported the decisions they made about the meal service the consumers received. Consumers and representatives explained how needs and preferences could be changed and updated easily by contacting the service directly or via volunteers. Delivery sheets contained multiple examples of meal delivery options provided for consumers, including provide the day before, leave in working fridge or freezer, hold for collection at office, leave with neighbour or family member as nominated, or hold and send the next day.

Consumers and representatives confirmed the workforce listened and took time to understand what was important to the consumer and respected the choices they made. The service demonstrated consumers were supported in making choices about the meals and delivery service and how they wished it to be provided. The Client and carer guide contained information about dietary requirements including contemporary information about food choices for people living with diabetes: advising consumers to monitor the level of risk to which they are exposed as part of their dietary intake.

Consumers and representatives received current and accurate information in a way that they could understand, which enabled them to make informed choices. Examples provided included payment options, phone calls about holiday alternate arrangements and closures and information about the menu and the forthcoming Quality Audit. Management assisted consumers with communication difficulties to complete menu selection and delivery preferences.

Consumers and representatives confirmed the service informed them on how consumer personal information was collected and would be used and expressed their confidence in the organisation protecting consumer privacy and confidentiality. Consumer information was stored in the service’s electronic database and paper-based information was stored in a locked cabinet. The workforce provided examples of how they protected consumers’ information, for example, not discussing personal information with others. Management provided examples of vetting consumers’ information to the workforce, so they were provided with only the information needed for the role.

Based on the information above, this Standard is Compliant.

# 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

Consumers and representatives confirmed the meal delivery service received met the consumers’ current needs, goals, and preferences. Care documentation confirmed once a consumer was referred to the service, assessments were completed with the consumer and or representative. Information gathered was used to inform the consumer meal delivery service plan, which was reviewed annually or more frequently when consumer needs changed. Prior to conducting an initial assessment, consumer information available via My Aged Care and any other documents received were reviewed to ensure the service had a thorough understanding of the consumer’s current risks and needs. The service retained a copy of the My Aged Care assessment profile in the client’s file. The information documented includes if the consumer lived alone or required a specialised diet.

Consumers were happy with their meal services plan and felt it covered how they wanted and needed the service to be delivered. Care documents captured consumer’s current goals, needs and preferences with detailed information regarding food allergies, intolerances, and dietary and delivery preferences. Due to the nature of the service, consumers and the workforce were not involved in end-of-life planning as part of meal deliveries.

Consumers and representatives were involved in the planning of the meal services and consumers could choose to have their representatives participate in planning when and if they required support. Planning included what meals and food items consumers preferred and needed, where meals would be delivered or collected and preferred payment methods. The workforce supported the consumer’s right to make decisions about their own life by asking questions and explaining options available. Management liaised with other organisations and services as needed, including the hospital when a consumer was discharged to ensure meal delivery was conducted in line with current needs.

Consumers confirmed what type of meals they ordered and when and how meals were delivered. Consumers could change details such as the type of meals or the frequency of meal deliveries as needed. The meal service plan was completed prior to the first meal delivery, and a copy was offered to the consumer after the initial assessment. The meal service plan included specific delivery requirements, the days of delivery and instructions for delivery. The organisation’s assessment and planning policies and procedures outlined and explained the systems in place that guide how outcomes of assessment and planning are to be fully documented and made available to the workforce providing meal service via dietary preference cards, meal order forms and delivery sheets.

Consumers’ care and services were reviewed regularly, including when circumstance changed, or incidents occurred that impact the needs and preferences of the consumer. The process involved a standardised list of questions to ask the consumer. Consumers and representatives confirmed the service regularly communicated with them about the services the consumer received and conducted reviews when appropriate. Formal reviews were conducted annually for each consumer.

Based on the information above, this Standard is Compliant.

# 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 and representatives confirmed the meal service the consumer received supports their lifestyle needs, and the workforce assists them to be as independent as possible and to do the things that were important to them. The workforce demonstrated an understanding of what was important to individual consumers regarding their meals and delivery. Management described how the service supported consumers in their daily living needs, and followed-up when there were concerns about the consumer’s well-being.

Consumers and representatives provided positive feedback regarding the workforce who attend to the consumers’ meal delivery. Consumers confirmed the workforce would ask how they were and provided emotional support if needed. Consumers stated they could celebrate days that were meaningful to them and acknowledged and observed sacred, cultural, and religious practices. The workforce confirmed they always made a note of consumers who seemed down or may need emotional, spiritual, or psychological support and will discuss this with management to make referrals as required.

Consumers were supported to maintain personal relationships to the level they wished. The workforce provided examples of how the meal service was adjusted when consumers’ needs, goals and preferences for social connection and meaningful relationship changed. Care documentation confirmed consumers were advised of alternate delivery arrangements available to enable consumers to maintain relationships and take part in community and social activities the way they wanted and when they preferred.

Consumers and representatives confirmed staff had a sound knowledge of consumer’s needs and preferences. The workforce stated the consumer’s meal selection and delivery information was outlined on dietary requirement cards, menu selection and delivery sheets. Management said when a change in need or preference was advised, information was recorded in the communication book and updated in the consumer electronic management system prior to the following day’s service. Management confirmed when a change of information was communicated via the delivery workforce, management contacted the consumer to verify and would update records accordingly.

Consumers and representatives were aware of additional home support from other organisations available and felt comfortable contacting the service to guide them to request further support if needed. Management confirmed and documentation evidenced, the service had referral policies and processes, and information was shared with the workforce and consumers and representatives. The workforce demonstrated an understanding of the service referral process. Several of the workforce and a committee member identified as being affiliated with other local support services and shared knowledge of a variety of local social supports available.

Consumers and representatives provided positive feedback about the meals, reporting sufficient choices available to meet the consumer’s needs and preferences. Consumers identified with special meal requirements, including textured meals and dietary restrictions, said their needs and preferences were adhered to. The workforce demonstrated detailed knowledge of individual consumer’s dietary needs and explained the variety of alternate options available, when a consumer dislikes or dietary requirements restricted ingredients within a meal offered on a particular day. Management stated and documentation reviewed confirmed regular internal food audits were completed. Documentation confirmed food temperature was recorded prior to leaving the kitchen for delivery.

Based on the information above, this Standard is Compliant.

# 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 confirmed they were comfortable to provide feedback on the meals received and make complaints, if required. Written information provided to consumers encouraged feedback and advised complaints could be lodged directly with workforce members, service management or the peak body. Workforce members confirmed they would support consumers to raise any concerns, as required. An Introduction package was given to consumers on commencement of services. The package contained a service information brochure and a Client and carer guide which advised consumers of their right to make a complaint and encouraged them to contact the service to raise any concerns.

Consumers were not aware of external complaints, advocacy organisations or languages services, but had not required these types of services. Written documentation provided to consumers at commencement of services, included details of how to contact complaint support services. Management confirmed any consumer who needed additional support to raise a complaint would be assisted to do so. Posters for the Commission were displayed within the service and advocacy information was available in English, Italian and for First Nations people.

Consumers said any feedback given or concerns raised were resolved quickly. Management confirmed if a complaint was made, they worked with the consumer or their representative to resolve it immediately. Complaints documentation evidenced no formal complaints had been made and feedback regarding delayed meals or missed meals was attended to promptly. Policies and procedures provided guidance on complaints management processes.

Consumers advised when they have raised concerns, the workforce or management action their request and any negative impact was not repeated. Management gave practical examples of changes to meal preparation procedures to improve the quality of the meals served. Continuous improvement documentation evidenced processes were in place to continuously monitor service delivery and feedback received to identify any trends.

Based on the information above, this Standard is Compliant.

# 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 advised the workforce was planned appropriately as their meals were always delivered on time. Management confirmed rosters were prepared in advance, with processes in place to confirm allocation of workforce to delivery runs. Rostering documentation evidenced the roster was pre-planned with a mix of management, kitchen staff, cleaners and volunteers allocated five days per week. The service had a mix of part-time, casual and volunteer workforce members who provided management, financial, administrative, meal preparation, packaging and delivery of meals, with the roster evidencing all shifts and delivery runs were allocated four weeks in advance.

Consumers and representatives confirmed the workforce was respectful when interacting with consumers and described them as kind and courteous. The workforce demonstrated knowledge of consumer’s identity, cultural background and life history. Employment contracts set out the expected behaviours of the workforce including respecting diversity and confidentiality.

Consumers provided positive feedback regarding the competency of the workforce. New workforce members were onboarded with an experienced buddy to ensure they were familiar with the consumers and the delivery runs. Currency of qualifications and suitability to work in aged care services was monitored. Workforce members confirmed their competence at hand hygiene was assessed at commencement, they have been vaccinated and they hold the required food safety certification or were being supported to complete this training.

Recruitment processes where in place and utilised when positions became vacant. Personnel files evidenced workforce members were provided with training to ensure services were delivered to meet the Quality Standards. Meeting minutes evidenced staff receive ongoing training. Standardised position descriptions were used to fill vacant positions, candidates were shortlisted, interviewed and reference checked completed prior to onboarding. Staff meeting minutes evidenced training on roles and responsibilities, including food labelling, chemical safety systems, fire safety including gas shut off procedures, Serious incident response scheme and use of personal protective equipment.

Review of performance was conducted by the governing committee, for senior staff only. Management assessed and monitored kitchen staff and volunteers through informal processes. All kitchen staff and volunteers had their performance assessed and monitored, through observation and consumer feedback, and if their performance was not satisfactory their employment contract or agreement was not extended. Personnel files evidenced annual appraisals had been completed as scheduled for senior staff.

Based on the information above, this Standard is Compliant.

# 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 had the opportunity to provide feedback on services and management demonstrated the various avenues for consumers to be involved in the evaluation of services. Consumers provided feedback the organisation was well run, and they could have a say on how things were done, by providing feedback. Previous governing committee meetings minutes evidenced the service sought consumer representation at committee meetings and a consumer representative would be elected at the next committee meeting.

The governing committee monitored the service for compliance with the Quality Standards, and the peak body provided additional support to ensure the service was accountable for the delivery of quality care and services. The service subscribed to their peak body, which provided input, strategic direction and policies which were received, downloaded where applicable and contextualised to suit the local consumer demographic and environmental considerations.

The service demonstrated proportionately effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Governing committee meetings addressed governance topics, including finance, risk and compliance.

The service provided frameworks and policies to manage risk and respond to incidents at the service. The service demonstrated the effective management of high impact or high prevalence risks and the identification of abuse and neglect of consumers. Management provided examples of these risks and how they were managed at the service. The service considered natural disasters a risk to meal provision and delivery and reduced the risk to consumers during a cyclone in January 2024, by providing additional meals and consistent electrical supply.

Based on the information above, this Standard is Compliant.

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)