**Performance**

**Report**

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| Name: | Mareeba Meals on Wheels |
| Commission ID: | 700374 |
| Address: | 2a Fuelling Street, MAREEBA, Queensland, 4880 |
| Activity type: | Quality Audit |
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| Performance report date: | 21 August 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: 8126 Mareeba Meals on Wheels Incorporated  
Service: 24601 Mareeba Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Mareeba Meals on Wheels (**the service**) has been prepared by E Blance, 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 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. An assessment summary is not provided for Standard 3, Requirement 4(3)(g), Standard 5 and Requirement 8(3)(e) as these are not within the scope of the service.

# 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

The Quality Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers and representatives provided positive feedback about the service’s staff and volunteers describing them as kind, patient and respectful. Consumers’ documentation includes information specific to individual consumers’ identity, cultural background and relationships that are important to them.

Consumers and representatives said staff understand consumers’ needs and preferences, and services are delivered in way consumers feel cared for, safe and respected. Staff demonstrated how the services are delivered to meet the preferences of consumers, and ensuring the service operated in an inclusive manner.

Consumers demonstrated how they can make decisions about the way their services are delivered and who should be involved in decisions regarding their care. The service has systems in place to ensure consumers are supported to have choice about their meals and the delivery service of meals.

The service demonstrated systems in place to support consumers to take risk to live the life they choose. Consumers and representatives said consumers are supported to live the best life they can with the support of the service and their staff and volunteers. The service provides contact details for advice and support services for consumers choosing to take risk.

Consumers and representatives confirmed they are provided current and updated information from the service in a timely manner such as disruptions to the service due to extreme weather events or public holidays. The service demonstrated and staff could describe how they provide information to consumers, including via a mobile phone application, email, messages, and phone calls as well as paper based and verbal communication.

Consumers and representatives said staff and volunteers are respectful of their personal privacy by knocking on doors at drop off points and verbally introducing themselves. Staff advised they maintain privacy and confidentiality of consumer information and how it is stored safely and securely with access provided to authorised staff only.

# 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 Quality Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

The service demonstrated assessment and planning included the identification of risks to the consumer’s safety, including dietary requirements, hearing and vision impairment, language barriers, mobility limitations and cognitive impairment. Consumers and representatives confirmed they are involved in the assessment process and reported staff took the time to listen to them. Consumers’ care documentation included evidence of assessment and planning of care including identification and documentation of risks to consumers.

The service demonstrated consumers are involved in assessment and planning of provided services. Care documentation evidenced consumers’ preferences of services are documented. Consumers’ needs and preferences are updated if indicated and when the consumer advises of a change to their requirements.

Consumers and representatives said the service involves consumers in the decision-making process of provided services and representatives at consumers’ request. Care documentation evidenced other health service’s recommendations for provided services.

Consumers and representatives said the service provides information on the consumer’s assessment and planning of services. Review of the service’s run sheets evidenced consumers’ service needs are documented and available to inform the service’s workforce.

Consumers and representatives said they receive regular follow up from the service via phone to ensure their satisfaction with the services they receive, and their needs are being met. The workforce and management demonstrated the process of updating consumers’ service needs at consumers’ request or when changes in service needs are required. Documentation and surveys evidenced changes to consumers’ service needs are identified and documented on the service’s run sheet and catering staff are advised of the changes.

# 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 |

Findings

The Quality Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers and representatives said the services provided supports consumers to maintain their independence within the community. The workforce demonstrated consumers’ preferences for meals and the delivery of meals.

Consumers and representatives said the workforce checks in with consumers to see how they are feeling, and they show a genuine interest in consumers’ well-being. Management and the workforce confirmed promoting consumers’ emotional wellbeing is an important part of their role and this information is emphasised during training to check in on consumers’ well-being as part of the service delivery.

Consumers and representatives said the service enables consumers to stay connected with their loved ones and engage in activities of their interest. The service has systems to plan consumers’ services around consumers’ activities and meal planning documentation evidenced the service integrates consumers’ health and social activity preferences into their meal support routines.

Consumers and representatives said staff know consumers’ preferences for services provided. The workforce is provided written instructions on consumers’ meal and delivery preferences.

The service had systems in place to refer consumers to other organisations if required. The workforce demonstrated how they escalate to management or emergency services if changes in consumers’ health and wellbeing occurred. The service has referral policy and procedures in place to guide the workforce.

Consumers and representatives expressed satisfaction with the variety, quantity and quality of meals provided to consumers. Meals are prepared in the kitchen at the local meals on wheels headquarters and delivered freshly cooked and cold to consumers in the mornings on Monday, Wednesday and Friday, on the consumer’s preferred schedule. The service has a food safety standard policy, meal service policy and recipe book to guide staff in the safe and effective preparation and delivery of meals.

# 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

The Quality Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers and representatives said they know how to provide feedback and make complaints either via telephone or emailing management and or directly with the workforce. The workforce advised they any feedback or complaints made by consumers and representatives is escalated to administration staff.

Consumers advised they are comfortable in raising concerns or feedback with management and were aware of other agencies they could contact to raise a complaint. Consumers and representatives are provided with information on various advocacy services that are included in the provider’s client induction pack. The service’s workforce induction pack includes information on consumer advocacy services.

Consumers and representatives expressed confidence in management to address complaints and resolve any concerns promptly. The service has complaint processes to guide management and the workforce on complaints management. The service’s complaints register evidenced consumers’ complaints referrals to the manager with relevant actions, conclusions, with follow -up with the consumer and open disclosure completed.

The service demonstrated review, analysis and trending of complaint data, with successful outcomes from the complaint investigation process to inform the service’s improvement process. The workforce advised they look for opportunities to improve service delivery and currently the service is reviewing gifting presents to consumers for Christmas.

# 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

The Quality Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers and representatives said the workforce is sufficient to ensure they receive safe and quality services, stating the meals are always delivered on time and as per the delivery schedule. Staff and management said there is an adequate number of volunteers to ensure there is uninterrupted coverage for efficient meal delivery service. Rosters are developed 6 months in advance and changes in the workforce are monitored by management and reported to the management committee.

Consumers and representatives said the workforce are always communicating and interacting with consumers in a kind, caring and respectful way. Staff, volunteers and management demonstrated a considerate and caring attitude when discussing consumers, with a thorough understanding of consumers’ background and personal preferences. The aged care code of conduct is included in the volunteer handbook, and management demonstrated relevant training is provided to new volunteers during induction.

Consumers and representatives expressed confidence in the workforce and said services are delivered in accordance with their individual needs and preferences. The service has monitoring processes to ensure workforce competency and currency of qualifications. Documentation evidenced qualification checks had been completed, the service has a register of the workforce’s regulatory requirements with the renewal dates listed. The service has position descriptions outlining the necessary skills and capabilities required for each role.

The service has systems in place to ensure the workforce is recruited, trained and equipped for their role, prior to commencing service provision to consumers. Orientation, mandatory training, buddy shifts and competency assessments prepare the workforce for their role. Volunteers interviewed said they receive ongoing support from management and office staff to perform in their role effectively.

The service has processes to monitor and review the performance of the workforce. Staff’s performance is monitored and reviewed during probation, on an ongoing basis and through annual performance reviews. Volunteers’ performances are monitored and reviewed via an informal performance review process, such as feedback from consumers and fellow volunteers. The workforce confirmed they are supported to take ongoing training as required.

# 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

The Quality Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers said they have a say in how services are delivered, and their feedback and suggestions are considered by the service. The service conducts annual consumer/representative meetings and surveys to gauge the effectiveness of services provided. Review of meeting minutes and surveys confirmed consumers and representatives are engaged in the delivery and evaluation of care and services.

The service’s management committee is made up of local members with diverse backgrounds, and skills; and provides oversight and governance to all aspects of the service including day to day operation, human resource, financial management, incident management and quality improvement. The committee meets monthly to discuss and oversee the organisation’s performance and strategic direction for delivering safe and quality service. Members of the committee have job descriptions outlining their responsibilities and accountabilities. The service subscribes to and industry lead organisation who support the committee with strategic direction, access to resources, and regulatory updates.

The service has governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints, and could provide examples of their application at the service.

The service has systems to identify and assess risks to the health, safety and well-being of consumers. Management demonstrated the high-impact high-prevalence risk for the consumer cohort which included social isolation and health deterioration. Whilst the service does not have any incidents recorded in the last 12 months, management were able to describe how incidents will be assessed, investigated, and resolved including the identifying abuse and reporting obligations to the Serious Incident Response Scheme.

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)