Performance

Report

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| Name of service or service group: | Performance report date: |
| Meals on Wheels - Capalaba | 21 July 2022 |
| Commission ID: | Activity type: |
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| Home Service Provider: | Activity date: |
| Capalaba District Meals on Wheels | 25 May 2022 to 27 May 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 Meals on Wheels Capalaba (**the service**) has been prepared 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, 4-7Z3INAU, 56 Holland Crescent, CAPALABA QLD 4157

# Material relied on

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

* the Assessment Team’s report for the Quality Audit; 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.
* the provider’s response to the Quality Audit report received 14 June 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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:

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

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

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.

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.

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints

Feedback and complaints are reviewed and used to improve the quality of care and services

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

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.

Effective risk management systems and practices, including but not limited to the following:

* managing high impact or high prevalence risks associated with the care of consumers;
* identifying and responding to abuse and neglect of consumers;
* supporting consumers to live the best life they can
* managing and preventing incidents, including the use of an incident management system.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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. | Non-compliant |
| 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.

However, the Assessment Team also found that the service could not demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly to enable consumers to exercise choice. For example:

* The evidence pointed to sampled consumers not having received a copy of their care plan. This is discussed further in Standard 2 Requirement 2(3)(d).
* Four consumers sampled reported they have not received any information about the service, including a handbook.
* Consumers reported they have not been provided with information on how to make a complaint.
* Three consumers sampled reported not receiving a Charter of Aged Care rights.
* Three consumers reported there is no menu provided. They said if they had a menu, they could choose not to order a meal on days when they do not like the meal.

The Approved Provider’s written response did not specifically address these shortcomings in its written submissions, other than to advise that a fridge magnet with phone numbers and a starter kit are made available to new consumers. This does not rectify the variety of issues identified by the Assessment Team. As such, I am unable to find the Approved Provider compliant with Requirement 1(3)(e) of this Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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. | Non-compliant |
| 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 |
| 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 |
| 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. | Non-compliant |
| 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. | Non-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.

There were however issues with the service’s assessment and planning information. The Assessment Team found a lack of documentation around individual consumer risks such as mobility and vision issues to inform the delivery of safe and effective services.

The outcomes of assessment and planning were not documented in a care and services plan or relevant run sheets. The service also does not review its service delivery on a regular basis or when a change warrants such a review be expedited.

During the quality audit, these deficiencies were discussed with the service who advised they will review their processes in relation to assessment and planning.

The Approved Provider’s written response did not directly address the assessment and planning deficiencies, except to comment generally that the client or their family contacts the service if there are changes and volunteer drivers are ‘excellent’ in reporting back to the office if they become aware of ‘changes’. To my mind, the lack of specificity in the Approved Provider’s response is further evidence of that it has not considered the requirements of this standard. For instance, the service has not considered the development of a support plan that specifies the support individuals receive.

For this service the support plan may include the days meals are delivered, any special requirements in relation to the meals, any special instructions in relation to the delivery, any information about payment methods and any information about non response to a scheduled visit.

Based on the evidence (summarised above) the Approved Provider does not comply with three of the five Requirements of this Standard.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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 |
| 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 |
| 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 |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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 |

The service does not provide personal and clinical care and this standard is not appliable to the quality review.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| 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 | | CHSP |
| 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 |
| 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 |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

The service does not have physical service environment and this standard is not applicable to the quality review.

**Standard 6**

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| Feedback and complaints | | CHSP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-compliant |
| 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Non-compliant |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

The service demonstrated insufficient evidence to show it facilitates its consumers to make complaints, nor did the Assessment Team find evidence that the service welcomes feedback and complaints as a learning opportunity.

For instance, committee meetings minutes showed the service’s response to negative comment about its meals was that it ought to ensure they ‘do not encourage people to be fussy’ and that alternative meal requests are to be limited to those with medical or religious reasons. Sampled consumers corroborated this being the service’s attitude to feedback with one advising they do not ‘feel game’ to give feedback to avoid been seen as ‘fussy’. Another consumer spoke of her past experience giving feedback about meals and being made to feel ‘too fussy’.

Several consumers spoke of not been sure of the complaints process or feeling empowered to make complaints.

I note that the service management acknowledged there are consumers who have not received information to support them to provide feedback or make a complaint. For those consumers who have been with the service a long time, management acknowledged they have not been provided with updated information on how to make a complaint. This includes support to access alternative, external complaints handling options.

Of the consumers who do bring forth a complaint, the service is shown to manage it well through open disclosure process and remedial action.

Unfortunately, the evidence also shows the service itself having advised they do not always have time to capture feedback and complaints on the complaints register and that their priority is to action and resolve the individual complaints as they are received. As a result, the feedback and/or complaints are not being effectively captured and analysed to identify trends. Management acknowledged this is an area for improvement.

The Approved Provider’s written response did not address the deficiencies with its feedback and complaints process summarised above. I therefore find the service non complaint with its obligations under three of the four Requirements of this Standard.

**Standard 7**

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| Human resources | | CHSP |
| 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 |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 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 |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

## Findings

The Assessment Team found the sampled consumers confirmed and described in various ways, that staff and volunteers behave in a kind, caring and respectful way.

The service demonstrated 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 services. Feedback from consumers demonstrated the workforce is sufficient and consumers get services when they need them.

However, the service did not demonstrate all staff and volunteers have the knowledge to effectively perform their roles and meet the needs of consumers and managing consumers receiving support through aged care services. For instance, management, staff and volunteers did not demonstrate understanding of the Standards and the requirements of the CHSP guidelines and how they apply to their role in a practical way such as the requirement to give consumers a copy of the Charter of Aged Care Rights (Charter) signed by the provider and assisting the consumer to understand the Charter.

The service did not demonstrate the workforce is trained, equipped and supported to deliver the outcomes required by the Quality Standards. For instance, there was no evidence management, staff or volunteers had received the following training relevant to the Standards, including but not limited to:

* Complaints management, open disclosure and advocacy.
* Training in cultural safety.
* Dignity of Risk.
* Identifying abuse and neglect of consumers.
* Management and prevention of incidents, using an incident management system (IMS) to support a best practice.
* Training in the Quality Standards and the practical application relevant to the role and responsibilities.

When the Assessment Team raised this with service management, it confirmed that training has not been provided in areas relevant to the delivery of services to aged care consumers. For example, training in dementia to support the workforce in identifying and reporting signs and symptoms of dementia and/or how to communicate effectively in the provision of meal delivery services to consumers who may be cognitively impaired.

There was also insufficient evidence of regular assessment, monitoring and review of the performance of each member of the workforce. The service was unable to demonstrate how they identify, plan for and support any training and development that management, staff and volunteers need. Without a system in place for regular performance reviews, the service could not demonstrate how they support continuous improvement and development of the workforce. I note this was discussed with service management who acknowledged this an area for improvement and advised they would action identified gaps as part of their continuous improvement process.

The Approved Provider was not forthcoming with any written submissions regarding the deficiencies evident regarding the requirements of this standard. As such, I uphold the finding that the service is non-complaint with this standard and its requirements.

**Standard 8**

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| Organisational governance | | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| 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. | Non-compliant |
| 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 |
| 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. | Non-compliant |
| 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

The service was not able to demonstrate it understands and applies the requirements within this Standards.

Consumers were not engaged in the development, delivery and evaluation of care and services as detailed against Standard 2. The governing body did not demonstrate it promotes a culture of safe, inclusive, quality care or is accountable for managing and governing all aspects of care and services. The Assessment Team found corroborating evidence from speaking to consumers who stated that the service does not provide opportunities for them to provide input into how things are run and does not seek feedback, through mechanisms such as satisfaction surveys, in relation to their experience with the service or the quality meals they receive.

When the Assessment Team spoke to the service management, it confirmed acknowledged they do not have organisation wide systems to engage with consumers or seek feedback from consumers in relation to their experience or the quality of the services they receive. The president acknowledged this is an area for improvement and said the management committee would discuss how the service will engage with consumers in the future, for example the introduction of consumer satisfaction surveys and consumer morning teas.

Furthermore, the governing body did not demonstrate it is accountable for and committed to promoting a culture of safe, inclusive and quality aged care services that meet the outcomes of the Standards. Management did not demonstrate an understanding of the Standards and acknowledged the management committee, staff and volunteers have not received training or information regarding the Standards and what it means for them in the delivery of safe, inclusive and quality services to consumers. The Assessment Team saw this first hand as the service did not have the required ‘Plan for Continuous Improvement (PCI)’ in place and management was unaware of the requirement to have a PCI in place. Other safety plans were missing such as The Food Safety Program and Fire Evacuation Plan which had not been reviewed by the management committee since 2014. There was also no risk management plan in place. There was insufficient evidence the management committee had reviewed or implemented a COVID-19 safe plan for the service.

Governance systems relating to information systems, continuous improvement, regulatory compliance, workforce governance and feedback and complaints were ineffective for the reasons stated in the Assessment Team’s report. I note the Assessment Team spoke to the governing body about the deficiencies during the audit, all of which were acknowledged, and representations made that the service will review and improve.

The service does not demonstrate effective risk management systems by its failure to have an effective incident management system (IMS) and practices to manage risks associated with the care of its consumers. Management advised that the risk management system, including documentation and training needs to be developed and implemented.

Unfortunately, the Approved Provider did not offer any submission in response to the evidence summarised above and I therefore find the Approved Provider non-compliant against all Requirements of this Standard that were applicable to this quality review.

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)