**Performance**

**Report**

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| Name of service: | Meals on Wheels - Capalaba |
| Service address: | 56 Holland Crescent CAPALABA QLD 4157 |
| Commission ID: | 700551 |
| Home Service Provider: | Capalaba District Meals on Wheels Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 3 January 2023 |
| Performance report date: | 31 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 Meals on Wheels - Capalaba (**the service**) has been prepared by M Murray, 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:**

* 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 27 January 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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.

* **Standard 2**: Review the assessment process to ensure staff actively seek out information on any risks which might influence how the service is delivered and how these risks might be mitigated. Provide consumers with a copy of a care plan / assessment that reflects their needs, goals and preferences. Ensure all care plans / assessments are reviewed at least annually.
* **Standard 6**: Formalise the capture of complaints and feedback and ensure each consumer / representative who raises an issue is responded to and understands the outcome of their complaint / feedback.
* **Standard 8**: Ensure governing body / committee members understand and can discharge their accountabilities under the Aged Care Quality Standards. Provide training and resources to support governing body / committee members in this regard as required.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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 |

Findings

I have relied on the Assessment Team’s report and the approved provider’s response to that report to inform my decision on compliance as outlined in the table above.

Consumers and representatives interviewed said they were generally satisfied with the information provided by the service.

Consumers confirmed they had been given a consumer handbook.

Volunteers interviewed said they assist with delivery of printed information to consumers and discuss the information provided with consumers if they have questions.

A volunteer described a letter to consumers prior to Christmas 2022 that provided details about the dates of closure and options for early delivery of frozen meals.

Staff discussed the progress made since the last audit including an updated handbook. The handbook describes the meals on wheels procedure, the Aged Care Charter of Rights, information about how to make a complaint and details of advocacy and language services.

The Assessment Team noted that consumers do not receive a menu.

The approved provider’s response outlines in lieu of a menu the service sends out seasonal letters so that clients can make meal choices or select options such as salad, soup and bread roll or sandwiches with their choices getting recorded and processed accordingly. Further, the service, as a priority, is planning to offer more variety in its meals and make menus available once technology allows.

I am satisfied that the service has returned to compliance with Requirement 1(3)(e) based on the continuous improvement activities undertaken since the last assessment of performance. While the format of the information on the meal choices consumers receive could be improved with further with technological support, consumers did not express dissatisfaction with the current information process.

I am satisfied the service has returned to compliance with the Requirement as outlined in the table above.

# 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. | Non-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. | Non-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. | Non-compliant |

Findings

I have relied on the Assessment Team’s report and the approved provider’s response to that report to inform my decision on compliance as outlined in the table above.

I am persuaded by the Assessment Team’s evidence in relation to Standard 2.

The Assessment Team found that the assessment undertaken with consumers does not cover relevant issues such as the consumer’s level of vision, level of hearing or risk of falls which might reasonably be considered to as impacting consumer’s ability to receive, set up or eat a meal.

It appears to me from the approved provider’s response, that they generally rely on information the consumer or representative provides voluntarily about risks without specific further enquiry by staff being evident. For example, the representative might only disclose that the consumer lives with dementia as being relevant without understanding other risks or challenges for the consumer that might influence how the service is delivered, such as their arthritis or poor vision. I do not find this a reliable assessment process and find that the approved provider remains non-compliant with Requirement 2(3)(a).

The approved provider accepts, due to various constraints, including information technology that they do not have capacity to provide a documented copy of the consumer’s care plan / assessment at this time. A copy of the care plan / assessment is not readily available to the consumer. The service remains non-compliant with Requirement 2(3)(d).

The Assessment Team found consumers and representatives are mostly satisfied the service responds to a change in preferences and, at the time of the audit, 25 percent of care plan reviews had been completed. The approved provider’s response notes the review rate is currently at 65 precent. The Assessment Team’s review of recent updates to consumers’ documentation did not consistently capture all evident risks. As all consumers due a review have not had one undertaken as yet, and relevant information is not consistently being captured, I am satisfied the service remains non-compliant with Requirement 2(3)(e).

I am satisfied that the approved provider remains non-compliant with the Requirements as outlined in the table above.

# 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)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

I have relied on the Assessment Team’s report and the approved provider’s response to that report to inform my decision on compliance as outlined in the table above.

The Assessment Team’s report outlines examples of various consumers and representatives having provided feedback. Volunteers said they encourage consumers to provide feedback about the meals. When they receive feedback, they note the information and report to the office administrator. The service has implemented regular quarterly surveys to encourage and support consumers with providing feedback. I am persuaded by the approved provider’s assertion that the service is encouraging and supporting feedback.

Staff said the consumer handbook now includes the information about other methods for raising and resolving complaints and support services available to support consumers to make a complaint such as advocacy or translation services. While the Assessment Team did not receive a copy of the handbook, I am satisfied that the updates have occurred.

The approved provider acknowledges in their response, an opportunity to more formally document reviews of major complaints. While the approved provider’s response outlines all complaints are noted and resolved, this does not reflect the direct feedback from consumers. Consumers said they do not always hear back from the service after providing feedback. I am persuaded by the Assessment Team’s evidence in relation to Requirement 6(3)(d) and find the service remains non-compliant with this Requirement as it is not recording and demonstrating action on all complaints/feedback being provided by consumers and therefore the basis for any continuous improvement activity is not fully informed.

I am satisfied that the approved provider has returned to compliance with the Requirements as outlined in the table above and remains non-compliant with Requirement 6(3)(d).

# 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 |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have relied on the Assessment Team’s report and the approved provider’s response to that report to inform my decision on compliance as outlined in the table above.

While the Assessment Team found deficits in Standard 7, I am persuaded by the approved provider’s response that the competency of the workforce and the training they receive is in line with expectations of a volunteer-based meals on wheels organisation. Volunteers receive an induction and are paired with a more experienced ‘buddy’. I also note a training calendar for 2023 is in place. If feedback is received regarding volunteers/staff, it is discussed with the individual and if necessary, at committee meetings. The approved provider’s response outlines their intention to introduce a more formal system to note performance discussions. I am satisfied that the service will action this commitment.

I am satisfied that the approved provider has returned to compliance with the Requirements as outlined in the table above.

# 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. | Non-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. | Non-compliant |

Findings

I have relied on the Assessment Team’s report and the approved providers response to that report to inform my decision on compliance as outlined in the table above.

Consumers and representatives described in different ways receiving and/or participating in recent surveys. Management described how consumer feedback informs the operations of the service. I am satisfied the approved provider has returned to compliance in Requirement 8(3)(a).

I am persuaded by the Assessment Team’s evidence in relation to Requirement 8(3)(b), (c) and (d) that the service has demonstrated compliance.

In regard to 8(3)(b) the Assessment Team’s report outlines management did not demonstrate what information is regularly provided to the governing body / committee and how the governing body / committee responds to any information provided to it in order to ensure the organisation is delivering a quality service. I accept the service is primarily a volunteer-based organisation and I agree with the approved provider that this context should be considered, however the approved provider’s response does not provide any further details on how the governing body / committee is meeting this Requirement.

In regard to Requirement 8(3)(c). the Assessment Team’s report outlines the approved provider does not have a documented continuous improvement plan. Further, a deficit in workforce accountabilities has resulted in a lapse in consumers receiving regular reviews of their services. I note the approved provider’s progress to bring care plan reviews up to date. As the approved provider has not provided its continuous improvement plan and generally accepts that assessments remain incomplete for a percentage of consumers, I am satisfied the approved provider remains non-compliant with this Requirement.

In regard to Requirement 8(3)(d) the Assessment Team’s report outlines that risks associated with the service being delivered to the consumer are not consistently captured to inform safe services. I am satisfied this is the case from the evidence brought forward in Standard 2. I am also satisfied that this deficit has not been fully addressed at this time by the governing body / committee. The Assessment Team’s report also outlines that the formal capture of incident reports is not occurring. I accept the approved provider’s evidence that incidents are appropriately managed. I am satisfied the approved provider remains non-compliant with this Requirement.

I am satisfied that the approved provider complies with Requirement 8(3)(a). I am satisfied that the approved provider remains non-compliant with the other Requirements as outlined in the table above.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)