**Performance**

**Report**

**1800 951 822**

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| Name of service: | Meals on Wheels - HILTON |
| Service address: | 84 Sir Donald Bradman Drive HILTON SA 5033 |
| Commission ID: | 600118 |
| Home Service Provider: | Meals on Wheels (S.A.) Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 1 December 2022 |
| Performance report date: | 22 December 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 - HILTON (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24696, 84 Sir Donald Bradman Drive, HILTON SA 5033

# 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 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. | **Not applicable** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Not applicable** |

Findings

This Standard was not assessed as part of this Assessment Contact.

# 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. | **Not applicable** |
| 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service undertakes assessment in the form of completing a customer assessment and intake form, this is completed by the intake and service coordinator, in consultation with the consumer and their representative where relevant. Evidence analysed by the Assessment Team showed the service has a system in place to collect information to identify risk and then create a customer’s profile. The Assessment Team noted an example relating to functional and nutritional assessments. Evidence analysed by the Assessment Team showed the service has systems in place to mitigate identified risks, for example, there is a three-step checking system before meals are delivered to customers to avoid wrong meals being delivered to the wrong person. The Assessment Team noted these include, system alerts, documentation in the form of delivery sheets and colour-coded labels.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning that reflects consumers’ goals, needs and preferences. Evidence analysed by the Assessment Team showed the customer assessment checklist used during the intake process; information discussed with customers includes but is not limited to:

* Health and medical conditions
* Identification of goals needs and preferences
* Allergies /Intolerances
* Reason for requiring the services
* Prompting for an advanced care planning conversation including leaving a brochure.

The Assessment team identified through analysing key service documentation pertaining to assessment and planning and six customer care plans that the service has improved its assessment and planning process to include actions to mitigate risk and has demonstrated outcomes are communicated to others that are providing care. Evidence analysed by the Assessment Team showed a buddy system is used on the first visit by a volunteer providing social support individual to ensure volunteers are given all key information. Evidence analysed by the Assessment Team showed these volunteers are provided with a printed customer profile which outlines high impact or high prevalence risks to inform the volunteer about the service they are delivering. Evidence analysed by the Assessment Team showed group support volunteers are provided with a list of all group participants, including identified risk factors and emergency contact information. Evidence analysed by the Assessment Team showed all customer documentation is scanned and saved on the service’s customer database.

Evidence analysed by the Assessment Team showed customers are provided with a commencement letter outlining service details, third party provider information and contacts (if relevant), charges and direct debit information, how to contact the program for queries, feedback, or complaints.

Evidence analysed by the Assessment Team showed Allied Health customers are contacted by phone to discuss the outcome of their initial Allied Health Assessment and confirm any ongoing arrangements as detailed in the initial assessment report.

# Standard 3

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

Findings

This Standard was not assessed as part of this Assessment Contact.

# 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. | **Not applicable** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed information around consumer’s condition, needs, goals and preferences are consistently and effectively documented and communicated within the organisation. Further evidence is documented within Standard two of this document.

Evidence analysed by the Assessment Team showed management reviewed and updated the third-party service agreement and had meetings with allied health providers on what is required and expected, and that relevant information is provided to the service. Evidence analysed by the Assessment Team showed management advised they are in the process of reviewing and improving processes around information management including forms, reviews and referrals to WISE and extra training for staff on WISE and MAC.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 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** |
| Requirement 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** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

Findings

This Standard was not assessed as part of this Assessment Contact.

# 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. | **Not applicable** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Not applicable** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Not applicable** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Not applicable** |

Findings

This Standard was not assessed as part of this Assessment Contact.

# 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. | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Not applicable** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Not applicable** |

Findings

This Standard was not assessed as part of this Assessment Contact.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Compliant** |

Findings

The assessment team identified through analysing key service documentation pertaining to identifying and assessing risks to the health, safety and well-being of consumers that the service has improved their systems and training of staff. For example, the Assessment team analysed and noted:

* Files analysed confirmed that risks are identified through the assessment and intake process, as previously documented in Standard two of this document.
* A memorandum dated 24 November 2022, regarding the Serious Incident Response Scheme (SIRS) was sent to all staff and volunteers at the service.
* During interviews with the Assessment Team management stated that an all-staff meeting was held on the 30 November 2022, with staff from the corporate office, kitchen and branches with sixty-five members present. The Assessment Team noted this meeting included a staff knowledge quiz that covered, what is customer feedback? What does SIRS stand for? What is a customer incident-name as many as you can, how to report a customer incident and/or feedback? and What is open disclosure.
* Evidence analysed by the Assessment Team showed the meeting was recorded and is available on ‘Teams’ so it can be accessed by staff and management advised it is an expectation that staff unable to attend the meeting and training will watch the video. The Assessment Team noted the same format will be used for volunteers at volunteer conferences with the next one scheduled for the week commencing the 5 December 2022.

The assessment team identified through analysing key service documentation pertaining to clinical governance that the service has improved their systems and processes around clinical governance and open disclosure. Evidence analysed by the Assessment Team showed Management reviewed and introduced a clinical risk framework in September 2022. Evidence analysed by the Assessment Team showed the framework covers the Allied services provided under the WISE program and the six key areas of the framework being Leadership and culture, Consumer partnerships, Organisational systems, Monitoring and reporting, Effective workforce and Communication and Relationships. Evidence analysed by the Assessment Team showed the framework also details the roles and reasonability of all stakeholders from the Board to the workforce.

Evidence analysed by the Assessment Team showed the open disclosure policy was reviewed and updated in July 2022 and is to be reviewed in September 2025. Evidence analysed by the Assessment Team showed clinical governance essentials training was attended by senior management on the 2 September 2022.

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)