**Performance**

**Report**

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| Name: | Meals on Wheels Association of Tasmania Inc - South |
| Commission ID: | 300362 |
| Address: | 103A Grove Road, GLENORCHY, Tasmania, 7010 |
| Activity type: | Quality Audit |
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| Performance report date: | 12 January 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: 8017 Meals on Wheels Association of Tasmania Inc  
Service: 24622 Meals on Wheels Association of Tasmania Inc - Community and Home Support

**This performance report**

This performance report for Meals on Wheels Association of Tasmania Inc - South (**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.

# 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.

# 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 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 | **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

Requirements 1(3)(a) to 1(3)(f) – Compliant

All consumers and representatives when interviewed by the Assessment Team advised they are treated with dignity and their input is valued. Staff and volunteers when interviewed were familiar with consumers' individual backgrounds, needs and preferences. Management when interviewed stated the service works closely with culturally diverse consumers and their representatives to ensure staff and services are right for each consumer. Evidence analysed by the Assessment Team showed the service demonstrated care and services are culturally safe, for example:

* The service has policies and procedures around cultural safety, consumer dignity and choice and diversity and inclusion, and all staff have taken part in cultural safety training and ensure implementing this when delivering meals.

Consumers and/or representatives when interviewed by the Assessment Team confirmed the service involved them in making decisions about the services consumers received. Staff when interviewed described how they support consumers and their representatives to exercise choice and make decisions about their services. Care planning documentation analysed by the Assessment Team contained evidence of consumer choice regarding their services, and details of representatives and preferred contacts.

* Evidence analysed by the Assessment Team showed the service demonstrated consumers are provided comprehensive choice in menu selection and methods of contacting the service to advise of preferences or make changes accordingly.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are supported to take risks to enable them to live the best life they can. Consumers sampled by the Assessment Team indicated they are made aware of meal ingredients and offered choice. Staff, volunteers, and management when interviewed by the Assessment Team demonstrated how they support consumers to make choices and decisions about their menu options, including ingredients that may place them at risk, and consultation with consumers about strategies to manage risks to enable them to maintain their independence, safety and live their best life.

* documentation evidenced how the service captures dietary requirements including allergies and delivery options and preferences, in order to support consumers choice.

Evidence analysed by the Assessment Team showed 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. All consumers when interviewed by the Assessment Team advised the service provides timely and accurate information to enable choice about care and services. Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and/or representatives interviewed by the Assessment Team felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Staff and management when interviewed described processes to keep consumer information safe and protect their privacy, including:

* staff and volunteers are informed of privacy and confidentiality practices through the Code of Conduct policies, induction training and volunteer handbook.

# 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

Requirements 2(3)(a) to 2(3)(e) – Compliant

Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumer assessments were completed, their menu and dietary needs were discussed and planned to meet their health and well-being needs. Evidence analysed and Management interviewed by the Assessment Team showed the service demonstrated that current 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 and are reviewed regularly for effectiveness, including when circumstances changed or following incidents, for example:

* planning occurs via both home visits and over the phone, where the service collects information on consumer dietary requirements, including allergies, food texture modifications, or any other relevant health information to inform how meal services are delivered.

Management when interviewed stated that assessment and planning identify the consumer’s current needs, goals and preferences. Consumers and/or representatives when interviewed by the Assessment Team confirmed assessment and planning is based on ongoing partnership with them and/or their representative, and others who are involved in care provision. Management when interviewed advised advance care planning is not discussed with the consumers and their representatives as this service only provides meals. Management advised they will revise their consumer information pack to include resources related to advanced care planning.

Management when interviewed stated how conversations with consumers and/or their representatives about what is important to them informs delivery of care and services. Evidence analysed by the Assessment Team showed care planning documents illustrated needs, goals and preferences had been discussed with consumers and documented. Consumers and/or representatives when interviewed by the Assessment Team confirmed they are involved in deciding their care and services, describing frequent communication from the service. Staff and volunteers when interviewed by the Assessment Team advised that the service would assess consumers on an informal basis when delivering meals and do a welfare check on each visit. Management advised that all changes in service are uploaded into the electronic file management system and these updates are sent to the consumer or their representative upon request, with consumers provided a copy of their menu plan, inclusive of dietary preferences and options.

* Evidence analysed by the Assessment Team showed that reviews occur for changes to payment schedules, changes in dietary needs, consumers health or other concerns including changed requirements for texture modified foods, allergies or food intolerances.

# 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

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable, and as a result was not assessed as part of the Quality Audit.

# 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. | Not Applicable |

Findings

Requirements 4(3)(a) to 4(3)(f) – Compliant

Evidence analysed by the Assessment Team showed the service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and supports for daily living that promotes consumer’s emotional, spiritual and psychological wellbeing and optimises their independence, health, well-being, and quality of life. For example:

* care planning and consumer administrative documentation, menus, and surveys showed consumers’ needs and preferences related to meal service delivery are identifying and responding to changes and supporting them accordingly.

Consumers and/or representatives when interviewed by the Assessment Team stated they have day-to-day control over meal provision, and how they are provided. Staff, volunteers, and management when interviewed by the Assessment Team stated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life. Evidence analysed by the Assessment Team showed the service demonstrated services and supports to assist consumers to participate in their community, have social and personal relationships, and do things of interest to them, proportionate to the services delivery model, for example:

* Consumer files contained notes regarding supporting consumers who have encountered recent bereavement and providing additional time for staff and volunteers to engage them to ensure they feel supported.

Evidence analysed by the Assessment Team showed the service demonstrated how they assist with referrals to individuals, other organisations, and providers. Staff and management when interviewed described communication processes within and outside the organisation, and confirmed information about consumers is effectively communicated including MAC referral processes and how they support consumers to connect with other external organisations when required.

Consumers and/or representatives when interviewed by the Assessment Team described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Staff and management when interviewed stated their knowledge of consumers’ dietary needs and preferences relating to consumer’s nutritional and hydration status. Evidence analysed by the Assessment Team showed the service demonstrated that when meals are provided, they are varied and of suitable quality and quantity, with dietary needs and preferences communicated within the service, for example:

* Staff and volunteers described the process of creating a monthly menu plans with meal ideas and what meals consumers would like to be included, including demonstrating a detailed knowledge or each consumer’s likes and dislikes and guiding newer staff and volunteers who may not know each consumers preferences or allergies.

# 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

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed as part of the Quality Audit.

# 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

Requirements 6(3)(a) to 6(3)(d) – Compliant

Management and Staff when interviewed by the Assessment Team described how they support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team demonstrated that consumers and representatives can provide feedback and complaints on their service. Evidence analysed by the Assessment Team showed the service demonstrated consumers and others are encouraged and supported to provide feedback and make complaints, and are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints, for example:

* Consumers are provided information about feedback and complaints processes in the consumer care pack, and the service has established feedback and complaints policy and procedures. Consumers’ feedback and complaints had been documented on the service’s register. The information provided to consumers includes information about complaints contact through the Aged Care Quality and Safety Commission and a brochure on state advocacy services.
* Consumers when interviewed by the Assessment Team stated should they have issues with the services, they would ring the service or speak to their volunteer or administrative staff to discuss their concerns and actions implemented are reviewed in consultation with them to ensure satisfaction.

Evidence analysed by the Assessment Team demonstrated appropriate action is taken by the service in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed by the Assessment Team advised that the service handles complaints appropriately and the service is responsive to feedback. Staff interviewed by the Assessment Team confirmed they would resolve issues identified by consumers immediately and report it to the case manager. Management described the service’s processes for managing complaints. Evidence analysed by the Assessment Team demonstrated open disclosure is used as part of the complaint management process. Further evidence analysed, demonstrated the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers.

# 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

Requirements 7(3)(a) to 7(3)(e) – Compliant

Evidence analysed by the Assessment Team demonstrated the services 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 and workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.

* Volunteers interviewed by the Assessment Team advised of having sufficient time to both deliver meals and engage consumers.

Consumers and/or representatives when interviewed by the Assessment Team stated they are happy with the number of, and the support provided by staff delivering care and services. Management when interviewed by the Assessment Team described processes to ensure there are enough staff and volunteers to deliver care and services across a wide region, for example:

* The services use of a volunteer delivery matrix to ensure delivery is not impacted by absences, and sufficient workforce are available to coordinate and deliver.

Consumers and/or representatives when interviewed by the Assessment Team stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected, and they feel the workforce is competent and skilled. The Assessment Team observed staff and volunteers to be engaged, respectful and kind at the social group. Management, staff and volunteers when interviewed by the Assessment Team spoke in a kind and respectful way.

Evidence analysed by the Assessment Team demonstrated the workforce is competent and has the knowledge to effectively perform their roles. Management, Staff, and volunteers when interviewed by the Assessment Team described robust processes to ensure staff have adequate skills and qualifications, and monitoring staff competency through supervision, team meetings and regular performance reviews. Evidence analysed by the Assessment Team demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Staff interviewed by the Assessment Team described regular professional development and training that was delivered, including completing relevant training and being supported in their role through regular meetings and access to case managers and clinical staff for any consumer-related queries and reporting requirements. Management when interviewed by the Assessment Team described processes of initial selection and onboarding processes, a mandatory schedule of training, and regular communication with staff, including meetings to provide information and support, for example:

* All delivery staff and volunteers undertake a mandatory induction program which includes food safety and occupational health and safety training, home visit basics, culture and diversity, confidentiality, emergency management and the use of the services app for accessing rosters, delivery details and the reporting of incidents.

Evidence analysed by the Assessment Team demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Volunteers and staff interviewed by the Assessment Team confirmed they undertake regular performance reviews with management and identify areas of improvement where they would like further training and support. Management when interviewed by the Assessment Team advised they monitor staff performance through surveys, consumer and staff feedback, and complaints data. Evidence analysed by the Assessment Team demonstrated the service has an effective performance management system and policies and procedures in place to guide staff practice.

* Management described Client Service Managers and Site Managers for each of the delivery branches have face to face contact with delivery volunteers each day and undertake ongoing review of performance and provide feedback accordingly.

# 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 |
| 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. | Not Applicable |

Findings

Requirements 8(3)(a) to 8(3)(d) – Compliant

Evidence analysed by the Assessment Team demonstrated consumers are engaged in the development, delivery and evaluation of care and services. Consumers when interviewed stated they have input about services provided through surveys and feedback processes, with management and staff interviewed describing how consumers have input about their services through formal and informal feedback processes, for example:

* The service conducts an annual consumer survey that requests feedback on meal quality and quantity, methods of delivery and the performance of volunteers, drivers and office staff.
* Organised social gatherings by some branches where managers, staff and volunteers share morning tea or lunch with invited consumers, to provide opportunities for engagement and feedback on service delivery.

Evidence analysed by the Assessment Team and management and staff interviewed demonstrated robust information management systems relating to information storage, continuous improvement, and financial and workforce governance with password encryption and relevant access based on position and role. Care plans evidenced accurate and up to date information, with the organisations continuous improvement register evidencing improvements informed by staff and consumer feedback. Further evidence demonstrated effective systems to monitor consumer budgets and respond accordingly. Management of consumer invoicing and reporting requirements under CHSP funding is administered by managers with Board oversight.

Evidence analysed by the Assessment Team and management interviewed demonstrated an accountable Board and management structure relating to regulatory compliance and effective system wide oversight. Evidence analysed by the Assessment Team and management interviewed demonstrated effective organisational oversight with Board members subscribing to relevant Commonwealth and State agencies to ensure compliance with regulatory updates. Further evidence provided included:

* Management and Board regularly participating in Aged Care Quality and Safety Commission webinars.

Management interviewed by the Assessment Team demonstrated organisation-wide effective risk management system and practices, including, but not limited to, managing high impact or high prevalence risks associated with the meal delivery to consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Evidence analysed by the Assessment Team demonstrated staff and volunteers are trained in the identification of risk for both themselves and consumers in the performance of their duties. This includes the completion of incident reports for all incidents and near misses. The service’s incident register, reviewed by the Assessment Team, contains identified risks and responses, for example:

* Hazards regarding consumer properties and entry protocols, consumer mobility and care, and delivery driving hazards.

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)