**Performance**

**Report**

**1800 951 822**

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| Name: | Meals on Wheels Caloundra |
| Commission ID: | 700349 |
| Address: | 9 Olm Street, CALOUNDRA, Queensland, 4551 |
| Activity type: | Quality Audit |
| Activity date: | on 23 April 2024 |
| Performance report date: | 8 May 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: 8129 Meals on Wheels Caloundra Inc.  
Service: 24051 Meals on Wheels Caloundra Inc. - Community and Home Support

**This performance report**

This performance report for Meals on Wheels Caloundra (**the service**) has been prepared by S Turner, 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 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# 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.

# Other relevant matters:

Caloundra Meals on Wheels provides a meal delivery service funded under the Commonwealth Home Support Programme (CHSP) to approximately 265 consumers.

The Quality Audit conducted 23 April 2024 assessed the quality of service provided against the Aged Care Quality Standards. Standard 3 and Standard 5 were not included in the assessment as they do not apply to CHSP services that deliver meals at home.

# 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

Consumers provided positive feedback about staff and volunteers and described them as kind, patient and respectful. Consumers said staff and volunteers knew them on a one-to-one basis. Management staff said consumers were at the ‘heart’ of the service and staff treated consumers with the utmost respect. The service’s documentation included information about consumers’ social backgrounds, relationships of importance, their culture and diversity. Consumers had been provided with information about the Charter of Aged Care Rights and evidence of this was seen in documentation. Staff and volunteers were provided with training that included the Aged Care Code of Conduct and were provided information about how to ensure dignified and respectful support for consumers.

Consumers said staff were aware of their needs and preferences, and the service was delivered in a way that made them feel safe and respected. Documentation included information about consumers’ needs and preferences including safety considerations relevant to consumers’ living conditions. Staff were familiar with these requirements and could provide examples of how they delivered a service that aligned with the consumer’s preferences.

Management, staff and volunteers described how consumers are supported to make informed choices about the meals they receive, and consumers confirmed this. The service received referral information from My Aged Care and then involved the consumer in a discussion that included demographic information, service preferences, consumer health information such as allergies or dietary intolerances, mobility impairments, communication barriers and any other community support used. Consumers and representatives were provided with a client handbook outlining information about the meal packages. Consumers’ choices were communicated to the service, documented, and shared with catering staff to ensure consumers’ preferences were respected.

The service had processes to support consumers who chose to take risks. Possible risks to consumers, including information about how to reduce risks such as allergies or food intolerances were detailed in the client handbook. Contact details for other advice and support for consumers taking risks was also provided. Management provided an example of how they support consumers who choose to take risks relating to their meal service, this involved explaining the risk, by providing alternative options and documenting the discussion.

Consumers said they were always kept informed about their service. Consumers stated the office staff would telephone them with any changes or updates. Consumers confirmed there were useful information sharing processes in place and they felt the service listened to any feedback or requests they provided.

Staff were able to describe how they maintain privacy and confidentiality of consumer information. Consumers and representatives were advised how consumers’ personal information would be used and said staff and volunteers were respectful of their personal privacy. The organisation’s electronic information was managed by an external information technology provider with cyber security capacity.

For the reasons detailed, I am satisfied consumers are treated with dignity and respect and that they can make informed choices about the services they receive. I find Standard 1 is Compliant.

# 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

Consumers said their options are explained and they had an active say in how their meal service was formulated. Consumers stated meals were planned and met their needs, including any dietary restrictions or medical conditions that impacted the food or drinks they could safely consume. Consumers said they had received information from the service about how to store and heat meals safely. Staff were aware of risks for individual consumers and actively monitored the service to ensure the consumer’s wellbeing.

Staff and volunteers had a sound knowledge of consumers’ needs and preferences and consumers provided examples of how the service accommodated their preferences including frequency of delivery, type of meal, meal size and other considerations. A hot meal was provided each day and alternative options included salads and sandwiches. Consumers’ choices and preferences were documented and were detailed, and staff described the processes for capturing and communicating changes. Staff were observed speaking with consumers via telephone, confirming details of changes to deliveries and reminding consumers of any upcoming changes.

Consumers described how the organisation partnered with them and involved them in planning. They said they were asked what support with meals was required, the frequency of the deliveries and their preferences for delivery time and location. Where consumers were unable to determine the best selection of meal packages, the staff assisted them with suggested solutions and support that was right for them. Further, the service worked with other people and organisations to tailor support for consumers including My Aged Care, the medical officer and representatives.

Consumers said staff ensured their needs were identified correctly before a meal delivery service commenced. Some consumers wanted to try the meals on wheels experience before committing to an ongoing service, and most decided to continue with deliveries. Information about each consumer’s meal options and delivery preferences was recorded electronically in the office and used by management and staff to plan service delivery. Information about consumers’ meal service was in the client handbook or they could call the office with any enquiries.

Changes in a consumer’s condition for example mobility deterioration, absences or incidents were reported to the staff so support packages could be adjusted to ensure consumer needs were effectively met. Consumers confirmed the service accommodated any changes at short notice and documentation had been updated to reflect this.

For the reasons detailed, I am satisfied that consumers are engaged in planning with the service and are receiving a service that meets their needs and preferences. I find Standard 2 is Compliant.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers spoke highly of staff and the service they received and said the service supported them with their nutritional needs. Staff had an extensive knowledge of consumers, their social networks and living situation which they used to inform the provision and delivery of meals. Staff said the service was instrumental in promoting consumers’ independence as many consumers had difficulty shopping, preparing or cooking meals.

Consumers said they valued the social interaction with staff and volunteers. Consumers advised that although staff and volunteers were busy on their delivery schedules, they always offered the opportunity to chat and interact. Staff stated they are aware of consumers’ emotional wellbeing and said they will ask people how they are and offer assistance based on the circumstances. Management advised they regularly visit and interact with consumers to check their welfare and quality of the service and volunteers were trained to report any changes in a consumer’s well-being to staff or management. Staff were observed interacting with consumers on the telephone. They were friendly and helpful, offering advice and support relevant to any enquiries.

Consumers stated the flexibility in the meals service allowed them to maintain social connections and attend appointments or other outings. They said they did not have to be at home to receive their meals and that volunteers left meals in accordance with the consumers’ preferences; documentation in the electronic care management system confirmed this.

Consumers said staff and volunteers know them well and that volunteers who delivered their meals are regular and they enjoy seeing them. Staff explained how they are updated and share updates they have obtained from volunteers on consumers’ changing conditions, needs or preferences, including by accessing the service’s electronic care management system, speaking with colleagues and consulting others including representatives. Consent forms for information sharing were on file for each consumer and where appropriate, consumer information is shared with third parties, such as home care providers.

The staff did not routinely make referrals to organisations due to the type of activity the service provided. However, consumers stated if they required assistance outside of meal provision and delivery, the staff were helpful and signposted them to appropriate resources. The client handbook provided to consumers at the commencement of the service contained information and contact details for other aged care services including Dementia Support Australia, Carers Queensland, Elder Abuse Prevention and the local telehealth number.

Consumers consistently commented positively about the quality and quantity of food provided by the service. They said there was a wide range of meal choices available, and that the menu was changed regularly to avoid repetition of the same meals. The chef ensured meals were based on consumers’ feedback and menus demonstrated a varied meal pattern with fresh fruit and healthy vegetables as a staple part of the dishes.

For the reasons detailed, I am satisfied the services provided support consumers’ well-being and assist them to live independently. I find Standard 4 is Compliant.

# 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

Consumers said they knew how to provide feedback and make a complaint and were aware of external agencies that could be accessed. They said they would feel comfortable doing so using a written form, or by raising concerns directly with staff or volunteers who then provided the feedback to the office for actioning. Information provided to consumers at the commencement of service included complaints mechanisms, advocacy services and translation services.

Consumers were confident management would address their complaints and attempt to resolve concerns promptly and examples were provided of how the service had addressed previous consumer feedback. Management and staff demonstrated a shared understanding of processes to follow when a complaint is received. Staff said they document complaints within the service’s complaints register and refer to management for review and action. The service’s complaints register evidenced all complaints were investigated by management, follow up was undertaken with the consumer and open disclosure was practiced.

Management demonstrated they review, analyse and trend complaint data, and use this information to inform the service’s improvement processes.

For the reasons detailed, I am satisfied consumers are encouraged and supported to give feedback and make complaints. I find Standard 6 is Compliant.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The number and mix of workforce members and volunteers was planned to meet consumers’ service needs. Consumers were satisfied with the meals received and when and how they were delivered. Management said there is a contingency plan to cater for workforce absence. In the event a delivery run is unable to be filled, administration and management staff will complete deliveries.

Consumers said staff are kind, caring and respectful of the consumer’s identity and culture. Management and staff spoke about consumers in a kind and caring way and knew each consumer’s background and their individual preferences. Management described how they monitor interactions with consumers to ensure service delivery is appropriate.

The organisation has human resources policies, procedures and guidelines including training processes to ensure the volunteer workforce are competent and have the knowledge and skills to effectively perform their roles. Position descriptions were in place and management advised all volunteers are required to complete an induction program and receive practical training for their role. Police checks, copies of driver’s licences and car registration were obtained from volunteers on commencement, monitored for currency, and updated prior to expiry. Consumers provided feedback that volunteer staff are competent and know what they are doing when delivering meals. Staff and volunteers are required to have COVID-19 vaccinations.

The service has processes for the recruitment, induction, and onboarding of the workforce, as well as providing ongoing mandatory training. Staff and volunteers said they received training at the commencement of employment and believed the induction program was adequate to meet their needs. Management said workforce recruitment and training is reviewed and considered by management and the organisation and provided an example where an identified workplace hazard triggered refresher knife safety skills training.

Management said they discuss any individual performance concerns with the staff member or volunteer and work with the individual staff member or volunteer to ensure performance meets the organisation’s expectations. There was a performance plan and review for paid staff, and volunteers undergo an informal performance process which includes continual feedback. Feedback received from consumers and representatives informed performance review processes.

For the reasons detailed, I am satisfied consumers receive safe, quality services from staff and volunteers who are capable and caring. I find Standard 7 is Compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Consumers said the service was well run and they have the opportunity to provide feedback on services. Management demonstrated the various avenues for consumers to be involved in the evaluation of services.

The Board has members with a mix of essential skills including, but not limited to, financial and business backgrounds. The Quality Standards are considered at Board meetings when discussing business and consumer matters. The governing body provided examples of how it monitors the service is compliant with the Quality Standards, and how it ensures it is accountable for the delivery of quality care and services across the organisation. Management advised Board members volunteer at the service multiple times per week to contribute to the running of the organisation in addition to providing oversight of general business.

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. A range of committees support organisational governance.

The service was able to provide frameworks and policies to manage risk and respond to incidents at the service. The service demonstrated the effective management of high impact or high prevalence risks and the identification of abuse and neglect of consumers. Staff and management provided examples of these risks and how they are managed within the service.

For the reasons detailed, I am satisfied the governing body supports the delivery of safe, quality aged care services and engages consumers in developing and improving the services they receive. I find Standard 8 is Compliant.

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-1)