Performance

Report

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| Name of service: | Performance report date: |
| Meals on Wheels Moreton Bay Region Inc | 24 August 2022 |
| Commission ID: | Activity type: |
| 700330 | Quality audit |
| Approved provider: | Activity date: |
| Meals on Wheels Moreton Bay Region Inc | 1 July 2022 to 5 July 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 Moreton Bay Region Inc (**the service**) has been considered by J Zhou, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Services included in this assessment

CHSP:

* Meals - Community and Home Support, 4-GAO6V2M, Hyland House, 3 Mundin Street, PETRIE QLD 4502
* Meals - Community and Home Support, 4-GAO6V2M, 2204 Mt Samson Rd, SAMFORD QLD 4520
* Meals - Community and Home Support, 4-GAO6V2M, 96 Arcadia Ave, WOORIM QLD 4507
* Meals - Community and Home Support, 4-GAO6V2M, 111 Station Road, BURPENGARY QLD 4505
* Meals - Community and Home Support, 4-GAO6V2M, 21 Hayes Street, CABOOLTURE QLD 4510

# Material relied on

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

* The Assessment Team’s report which was informed by observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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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 as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **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 | | Compliant |
| 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

According to the Assessment Team’s findings from their site audit, consumers/representatives sampled advised they are treated with dignity and respect. Consumers spoke in appreciation of volunteers who carried out welfare checks during their meal delivery runs.

The workforce provided examples of how services are delivered to meet the needs and preferences of individuals. The workforce has an understanding of the consumer’s life journey and personal circumstances and described how it influenced the day-to-day delivery of their care and services.

The service demonstrated they were flexible to the needs of consumers, by supporting changes to meal times and delivery instructions, so that consumers can maintain their connections and relationships with others.

Management said they encourage consumers to try new and different meals, advising them they can always return to their regular choices if they dislike something.

The service respects the consumer’s right to privacy while ensuring the provision of services is delivered in a safe way. For instance, as a result of ongoing safety concerns where consumers leaving keys on the door for volunteer staff when they deliver the meals, the service collaborated with the local Police station and local mayor to have personal key locks installed on all consumers house with individual pin codes. Management advised the pin codes are securely stored and the delivery run sheets do not contain the pin.

On the basis of the evidence before me (summarised), I find this service compliant with this standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Overall sampled consumers/representatives considered they are happy with the service they receive; participate in the planning of service and it meets their current needs, goals and preferences. For instance, the Assessment Team sighted evidence that a consumer file and delivery run sheets instructed volunteer delivery staff to lift lids from all meals prior to leaving, to check the letterbox and take bins out for collection for a consumer had these additional needs following a recent hospital stay.

Assessment and planning documents reflect modification to delivery runs which cater to individual consumers needs and requirements. Some consumers require medication at a certain time and as a result, the delivery run sheet priority will be changed to ensure they receive their meal at the appropriate time.

Consumers/representatives sampled confirmed they participate in the planning and review of the service they receive. They reported they can choose what meals they have and how frequently they are delivered and explained how they are able to make changes to their meal plan by contacting the service.

The service maintains annual reviews of client information and when consumer needs change. Reviews are conducted by the client liaison officer who communicates with the service’s 5 branches to determine if there are consumers who are a priority for assessment based on changing needs or reported deterioration. Delivery run sheets are updated when staff are informed of any necessary changes. Documentation confirms regular contact with consumers/representatives and the updating of consumer’s information.

# Standard 3

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| Personal care and clinical care | | Not-applicable |
| 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

The service does not provide personal care or clinical care and as such, this standard is not applicable to the quality review.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Consumers and representatives interviewed were satisfied that they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, well-being and quality of life. The service has processes in place to identify and record those consumer needs, goals and preferences.

Consumers provided examples including how they are supported to maintain their social networks, and being supported to do things that are of interest to them.

Staff are able to access information about consumer’s needs and preferences through delivery run sheet and through volunteer delivery staff. The Assessment Team observed volunteer delivery drivers providing feedback to kitchen staff following meal deliveries.

While consumers/representatives sampled had not been referred to other organisations, they were aware they could access additional home supports from other organisations. The coordinator has knowledge of other organisations providing services in the local area. The consumer handbook lists other service organisations in the local area. Management advised that the service employs a home care package (HCP) coordinator who communicates daily with the branch coordinators and client liaison officer. The branch coordinator reported any inquiries for services unable to be provided are referred back to My Aged Care, or to other organisations if known.

# Standard 5

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| Organisation’s service environment | | Not-applicable |
| 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

The service does not provide a physical service environment where consumers receive services, so this standard is not applicable to the quality review.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The service demonstrated they encourage and support consumers and their representatives to provide feedback and make a complaint. Consumers and representatives were able to provide examples of how they do this. Staff were able to demonstrate how feedback or raising a complaint can be made. The service has policy and process to guide staff in supporting feedback and complaints. Staff are provided education on the process.

The service demonstrated that information is provided for consumers and representatives to have awareness of external complaints organisations, accessing advocacy services, and other support services for raising and resolving complaints. Consumers were provided with a ‘Carer and Client Handbook’ at the commencement of their service which contained information on how to lodge complaints.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Feedback from consumers/representatives who had provided feedback to the service or made a complaint, demonstrated complaints are promptly responded to and consumers and representatives are informed of the outcome.

Feedback and complaints are reviewed and used to improve the quality of care and services. Consumers/representatives sampled said they are confident the services is open to receiving feedback and complaints to improve the quality of their meal service.

**Standard 7**

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| Human resources | | Compliant |
| 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 service demonstrated that the workforce is planned to enable the number and mix of staff to deliver safe and quality care and services. Consumers and their representatives confirmed volunteer staff always turn up when they expect them. Staff and volunteers said there is enough time to complete their work effectively.

Consumers said care staff are kind, caring and respectful of each consumer’s identity, culture and diversity.

The service demonstrated the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Consumers/representatives say they have confidence in the workforce and feel the workforce is competent and skilled. The workforce described how they work within their skills, qualifications and knowledge base.

The service demonstrated that the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Standards

The service demonstrates that regular assessment, monitoring and review of the performance of the permanent workforce is undertaken. While the volunteer delivery staff do not undertake a formal performance review, the Manager described how feedback from consumers/representatives is used to assess the performance of the delivery staff.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Consumers said they are involved in the development, review and evaluation of their services. The service seeks their information and input into the care and services they receive including through consumer satisfaction surveys.

The service demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The workforce demonstrates behaviours and values consistent with a culture of safe, inclusive, respectful meal service delivery.

The service has effective governance systems within its organisation. Its information management system is effective and relied upon by staff to undertake their role safely and effectively. The service is connected to the broader Meals on Wheels structure where it attends conferences as part of its continuous improvement. Recently, a decision was made to offer more variety and choice to the consumers to align this service with other meals on wheels counterparts who were already doing this.

The service has financial governance systems and processes to manage the finances and resources required to deliver a safe and quality meal delivery service. Management has oversight of the service’s income and expenditure and this is reviewed regularly and discussed at board meetings.

The service has processes in place to ensure the workforce has current police check in place. While the Assessment Team identified 6 volunteer staff with expired police checks, management provided evidence of Statutory Declarations as they have applied for but have not yet received their police checks. Management confirmed volunteers will always deliver in pairs, therefore are never unsupervised.

The service was able to demonstrate it has continuous improvement mechanisms in place and provided examples including identifying issues in relation to any risks associated with consumers such as a change in the consumer’s condition or environmental risks in their homes.

Staff demonstrated an understanding of their responsibility to report any observed or suspected consumer neglect.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)