**Performance**

**Report**

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| Name of service: | Meals On Wheels North West |
| Service address: | 30 Tel-El-Kebir Street MITCHELTON QLD 4053 |
| Commission ID: | 700502 |
| Home Service Provider: | Meals On Wheels North West Inc |
| Activity type: | Quality Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 7 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Meals On Wheels North West (**the service**) has been prepared by J Zhou, 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, 28162, 30 Tel-El-Kebir Street, MITCHELTON QLD 4053

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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.
* the provider’s response to the assessment team’s report received 24 February 2023.

# 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 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 | | 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

I find that the Assessment Team sighted evidence from various sources and adequately corroborated its findings.

Based on the intelligence contained in the Assessment Team’s report, I am satisfied the provider is meeting its obligations under Standard 1 and its requirements.

That is, the provider could demonstrate it was supporting its sampled consumers to live with dignity and respect and to make choices about their care in alignment with the quality standards.

# 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

I am overturning the Assessment Team’s recommendations of not met against requirements 2(3)(b) and 2(3)(e) for the following reasons:

* The Assessment Team concluded there was no evidence to show the provider engaged in end of life planning with its 13 sampled consumers or their representatives. I understand the provider felt this was a sensitive topic and not relevant to their core functions as a meal delivery service. I concur with the provider in this instance. Regard must be had to the provider’s funding and business model when considering the elements of 2(3)(b) and its application to the situation. While the service could take steps to engage its consumer cohort about whether they had specific end of life plans, it is not the core component to satisfy this requirement given its business operations and its consumer demographic. The fact that management, staff and volunteers demonstrated they understand the consumers well and can discuss their needs and preferences is the key component of this requirement, which was demonstrated during the quality audit. I therefore find this requirement compliant.
* The Assessment Team felt the provider could not meet requirement 2(3)(e) due to its lack of formal processes regarding consumer reassessments. I am overturning the Assessment Team’s findings on the basis that the service acknowledged their deficiencies under this requirement and is in the process of creating a system to incorporate this requirement for future client intakes and provide training to staff. The Assessment Team also sighted that this area was implemented in their continuous improvement register. On balance, I see no reason to call the provider non-compliant given the active steps being taken during the quality review to make process improvements and there is no evidence of consumer impact. I therefore find this requirement compliant.

Overall, I am satisfied from the evidence reported by the Assessment Team that the provider is compliant with the other requirements of this standard which I do not intend to repeat in this performance report.

I find the provider compliant with this Standard.

# 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 relevant to the quality review as the provider does not provide clinical or personal care being that it is a meal delivery service.

# 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

I agree with the Assessment Team’s recommendations that the provider is compliant with the applicable requirements of this Standard. In summary:

* consumer examples were sighted of consumers receiving safe and effective services and supports for daily living that meet the consumer’s needs, goals, and preferences.
* Consumer examples demonstrated staff and volunteers recognised the impact on a newly arrived consumer to its service and provided emotional support and conducted regular welfare checks on this consumer.
* The consumer voice was clear that the convenience of having a cooked meal delivered, alleviates them from having to attend to these tasks so they had more time for social interaction and social connection.
* Sampled staff and volunteers stated they receive adequate information about the consumer’s preferences within the organisation and it allows them to perform their role effectively to cater to the consumer’s needs and requirements.
* The provider has policies and processes in place for identifying the need for, submitting, documenting, and following up the outcome for referrals relating to community services.
* Consumers are provided with a choice from a preselected menu fortnightly to select and is rotated seasonally. Management advised they conduct a follow up with their consumer satisfaction surveys as well as any feedback provided on their fortnightly menus.

# 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 applicable to the quality review as the provider does not provide a physical service environment.

# 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

I agree with the Assessment Team’s recommendations based on evidence of compliance against all requirements of this Standard. In summary:

* Though consumers have not had to make a complaint, they were aware of the complaints process within the service and felt empowered to raise a complaint if need be.
* Consumers were aware that they could involve advocates, request an interpreter, or have their representative speak on their behalf.
* The service demonstrated appropriate action is taken in relation to complaints and an open disclosure process is used to address concerns. The feedback and complaints handling procedure supports staff and management to collate and respond to feedback and complaints. An apology is issued by volunteers’, drivers and management to consumers when the service has not met their expectations.
* The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. The service has an internal process change for example on how they manage their stock levels and how they forecast how many frozen meals to make.

# 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

Overall, the service has demonstrated compliance against this Standard because:

* The workforce is adequately planned and comprises a mix of members of the workforce to ensure the delivery and management of quality care and services is being delivered to the consumers.
* The service demonstrated through its interactions with consumers that kindness, respect and care were at the centre of these exchanges centred on the health and wellbeing of consumers. The service’s code of behaviour and service principles guides staff behaviour.
* There was evidence to show volunteer delivery staff are competent and know what they are doing when delivering meals. They said drivers follow COVID-19 safe practices to keep them safe while providing services.
* Training and orientation occurs during the initial stages of staff onboarding at the service. This includes buddy shifts for volunteers when they first commenced. Staff and volunteers confirmed they received appropriate training and guidance and felt supported to undertake their roles safely and efficiently.

I note the Assessment Team recommended a not met against 7(3)(e) in that the team took issue with the frequency of when performance reviews are conducted. In my mind, is it reasonable that performance reviews may be conducted outside of their regular review period, if there is no impact to consumers care in the meantime, and if there is a good reason for the delay.

According to the evidence, the service’s last performance reviews pre-dated 8 October 2021 as the service focused on relationship building and allowing staff to settle under the new structure. Performance reviews have been scheduled in July 2023. On that basis, I am satisfied the service has addressed its requirement under this standard and I overturn the Assessment Team’s finding. I find the service fully compliant against this standard.

# 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. | Compliant |

Findings

I am overturning the Assessment Team’s recommendation of not met against requirement 8(3)(d) for the following reasons:

* The intent of this requirement is to ensure providers had a framework for managing consumer risk. For meal delivery services, that mainly means consumers who have dietary requirement that received the wrong meals due to an administrative error or negligence. The Assessment Team did not sight any evidence of such maladministration during their audit.
* The evidence brought forth by the Assessment Team related to the service not having a clear incident register. The Assessment Team evidenced an example where an ambulance was called to attend to a consumer but this incident was not recorded on an incident register, but it was recorded on the specific consumer’s file. The Assessment Team gave no other examples of unrecorded incidents at the service, however, it remarked that the ability to filter and run reports on the service’s system ‘Polixen’ would help to demonstrate compliance with this requirement.
* The service responded to this event. In its submission, it provided screengrabs of its ability to filter and compile notes from its system ‘Polixen’. It refuted the Assessment Team’s claim that it could not compile and aggregate information from its existing intelligence framework.
* On balance, I am persuaded by the Provider’s evidence in its submissions to demonstrate how it can sort and filter using its information system for risk management purposes. I concur with the service’s position that a review of the service’s current methodology of how it identifies and captures risk is now timely and in keeping with continuous improvement, however, I do not have the evidentiary basis to call a non-compliant with this requirement given the provider was able to refute the claims made against its current framework and provide evidence to the contrary.

Overall, I am satisfied from the evidence reported by the Assessment Team that the provider is compliant with the other requirements of this standard which I do not intend to repeat in this performance report.

I find the provider compliant with this Standard.

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)