**Performance**

**Report**

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| Name: | Miles Meals on Wheels |
| Commission ID: | 700522 |
| Address: | Miles Hospital, Colamba Street, MILES, Queensland, 4415 |
| Activity type: | Quality Audit |
| Activity date: | on 29 May 2024 |
| Performance report date: | 26 June 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: 8069 Miles Meals on Wheels Incorporated  
Service: 24809 Miles Meals on Wheels Incorporated - Community and Home Support

# This performance report

This performance report for Miles Meals on Wheels (**the service**) has been prepared by S Turner, 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.

# Material relied on

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

* the Assessment Team’s report for the Quality Audit was informed by a site assessment, observations at the service, review of documents and interviews with the workforce, consumers and others
* the provider’s response to the Assessment Team’s report received 19 June 2024.

# 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 | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* The service is required to ensure the workforce is trained to deliver the outcomes required by the Quality Standards.
* The service is required to ensure there are processes to review the performance of each member of the workforce.
* The service is required to ensure there are effective governance processes relating to information management, continuous improvement, workforce management and regulatory compliance.
* The service is required to ensure there are effective risk management systems and processes in place including in relation to:
  + managing high-impact or high prevalence risks,
  + identifying and responding to abuse and neglect,
  + supporting consumers to live their best life, and
  + managing and preventing incidents including the use of an incident management system.

# Other relevant matters:

Miles Meals on Wheels provides a meal delivery service funded under the Commonwealth Home Support Programme (CHSP) to approximately 12 consumers.

The service is a community-based volunteer run service that delivers meals prepared by the local hospital; meal delivery is undertaken by volunteers including members of the Committee.

The Quality Audit conducted 29 May 2024 assessed the quality of service provided against the 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 said they are treated with dignity and respect and that they felt valued and accepted. Consumers spoke highly of Committee members and volunteers (the workforce) and said they were kind and understood their needs and preferences. They provided examples of how volunteers delivered meals and offered to help in putting the meal away.

Volunteers had been provided with guidance about how to act appropriately with consumers and how to treat consumers with respect and could describe how they did this. The workforce demonstrated a knowledge of the consumers’ preferred names, personal circumstances and food preferences with many delivering meals over an extended period of time. Volunteers said the community is closely connected and they had not witnessed any disrespectful interactions.

Consumers said the service supported them to make decisions affecting their health and well-being and that they could change their preferences at any time. They said they had as much control as they wanted over meal choices and delivery. One consumer said they are asked at each delivery if they are happy with the service and if any changes were required. Committee members advised a monthly meeting is held and consumers are invited to attend. Documentation such as file notes and meal plans demonstrated consumer and/or representative involvement in decisions.

The service delivered meals that reflected consumers’ choices and preferences and consumers could make choices that reflected their lifestyle. Volunteers said they provide the consumer with information about storage such as refrigeration and consumers confirmed volunteers offer to unpack their meals. Each meal container included a label that identified the meal and outlined storage and reheating processes. However, volunteers said that while consumers are provided with information, it is their choice as to how they receive and prepare their meals.

Consumers said they received information in a way they understood, and this supported them to make informed choices. This included fortnightly visits from a Committee member, a booklet upon entering the service and a regular community newsletter. Committee members stated that if there was any variation to delivery, meal preferences or charges they visit the consumer in person and where appropriate provide them with written information. Consumers confirmed they appreciated being given information face to face.

Consumers said the service protected the privacy and confidentiality of their personal information and they were satisfied their meals were delivered in a way that respected their privacy. One consumer provided an example of how volunteers knock on the door and request permission to enter. One Committee member said consumer information is kept to a minimum and secured in a locked filing cabinet; electronic information was password protected.

I am satisfied consumers are treated with dignity and respect and can make informed choices about the service they receive. I find Standard 1 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

Assessment and planning processes considered some risks to the consumer’s health and well-being. For example, consideration was given to risks including hearing and vision impairment, mobility limitations and cognitive impairment. However, for one consumer who had a change in their dietary requirements associated with a change in health, no assessments had been completed. This is considered further under Requirement 8(3)(d).

Consumers were satisfied with assessment and planning and said they were involved in the process and that volunteers and Committee members listened to them. Documentation included information about consumer needs and preferences including for example, the type of food consumers preferred, whether it was to be cut up and the frequency of delivery.

The workforce described how they partnered and communicated with consumers, representatives and other organisations as required. Consumers said the service they received, and the frequency of the service was explained to them on commencement and whenever there was a change. Committee members said that consumers were provided with an information pamphlet including the payment process when they commenced receiving services. Volunteers explained that the delivery run sheet provided them with the information they needed to deliver meals.

Committee members said they visited consumers’ homes fortnightly and sought consumer feedback about the services they received, including any required changes which were then documented. Volunteers said they notify the Committee verbally and include information on the delivery run sheet if they notice a change in a consumer’s condition, there is a non-response to a delivery or if the consumers request a change to their service.

Consumers said they can make alternate arrangements if they have appointments, for example collecting the meals themselves from the hospital or requesting an alternate destination for delivery. Documentation demonstrated information about suspension or cancellation of meal services is captured and included in notes.

I am satisfied consumers are engaged in planning their services and that their needs and preferences are being met. I find Standard 2 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 explained how the meal delivery service enhanced their quality of life. They were highly satisfied with the service and provided feedback that they ‘loved’ the food, the service provided was ‘convenient’, and one consumer said they ‘look forward’ to the meals as they were no longer able to prepare meals.

Consumers appreciated the social interaction they had with the volunteers and Committee members. The service’s workforce said that a basic welfare check, and the provision of emotional and psychological support were important elements of their role, particularly when a consumer lived alone. They described how they follow up with family or representatives if required. While the service did not have a vulnerable consumer register, the workforce stated they were familiar with the consumers and knew them well; this was confirmed by consumers.

Consumers described how the volunteers update them with information about what is happening in town and within the community. They said the service supported them to continue to live independently at home so that they could maintain relationships and engage with others.

Consumers’ documentation included contact details, next of kin and aged care registration details. Volunteers demonstrated how they checked consumers’ details and meal requirements on the daily run sheet and Committee members described how changes were captured and run sheets updated. Volunteers described how information about the meal contents and heating instructions was documented and communicated to consumers. Run sheets reflected consumers’ individualised preferences.

The workforce demonstrated an understanding of the process for referral to other organisations. Volunteers said they were aware of other services within the community that could benefit the consumers and explained that if they identified an additional need for a consumer, such as transport, lawn mowing or social activities they escalated it to the Committee who then organised the required referral.

Consumers said they enjoyed both the fresh and frozen meals provided by the service and said the service was flexible and met their preferences and dietary requirements. Consumers felt the serving size was appropriate. Consumers said if they did not like something they would not order it again; they said their preferences had been adhered to by the service.

I am satisfied the services provided support consumers to remain independent and improves consumers’ quality of life. I find Standard 4 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 and representatives knew how to provide feedback and make a complaint, and said they felt comfortable doing so. They said they would either raise a concern directly with a volunteer or telephone a Committee member. Consumers said the service responded promptly to any issues raised and that an explanation and apology was provided, and a solution found.

The workforce described how they supported consumers to make complaints and the information provided was consistent with organisational policies and procedures. They said a member of the Committee visits each consumer fortnightly to collect payment for meals and receives feedback about the consumer’s satisfaction with the service and any requested changes.

The newsletter provided to volunteers included information relating to complaints processes and volunteers provided examples of what they would do if something went wrong for consumers. This included apologising and ensuring the consumer’s feedback was forwarded to Committee members for action and resolution.

Consumers were provided with information on complaints processes on commencement with the service and this included the contact details for Committee members. Consumers were made aware of access to advocates but said they either addressed concerns themselves or had a representative who would do this on their behalf. The Quality Audit report states that information about language services and external complaints mechanisms was not included in the information pamphlet provided to consumers. The workforce stated this information would be accessed and provided to consumers if a need arose. This information is further considered under Requirement 8(3)(c).

Feedback and complaints were used to improve the quality of care and services and all consumers said that feedback regarding meals, dietary preferences or days of service were acted on immediately.

For the reasons detailed, I am satisfied the service encourages and supports consumers to provide feedback and make a complaint. Further, the workforce are familiar with their responsibilities when a consumer provides feedback, and the organisation acts promptly to address consumers’ concerns or requests. I find Standard 6 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Having considered the Quality Audit report and the service provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied Requirements 7(3)(d) and 7(3)(e) are non-compliant. Non-compliance is based on:

* The service does not have effective systems to ensure the workforce is trained to deliver outcomes required by the Quality Standards.
* The service does not have effective systems to assess, monitor and review the performance of the workforce.

I have made this decision on the following analysis.

The Quality Audit report identified the following evidence in relation to these requirements.

Requirements 7(3)(d) and 7(3)(e)

While volunteers said they had completed an induction process they could not recall receiving any training following this and they did not demonstrate a shared understanding of the processes for reporting incidents or for reporting concerns relating to the welfare of a consumer. Committee members said they do not provide training except for the initial induction. Committee members said they had been provided with access to online training modules provided by a peak body however they had not completed this training. Further, they said this information had not been provided to other members of the workforce.

Committee members said they do not monitor or provide feedback on the performance of the workforce. Volunteers said they had not received any formal feedback on their performance; they said that a positive acknowledgement of their work occurs at the annual general meeting. The service did not have a system in place to record and manage feedback about the performance of the workforce. While Committee members said consumers can provide feedback at any time, previous strategies that were used to seek consumer feedback such as surveys, were no longer conducted as feedback was consistently positive.

The service provider’s response to the Quality Audit Report

The provider’s response included a plan to address identified areas for improvement relevant to Standard 7. Actions include:

* A register of volunteer information will be created and include details relating to training, driver’s licence and police checks.
* A training session relating to incident reporting and the Serious Incident Response Scheme will be conducted and attendance records will be maintained.
* The newsletter will include a section relating to workforce training.
* A process of regular review of the volunteers’ performance will be conducted on an annual basis.

Requirements 7(3)(a), 7(3)(b) and 7(3)(c)

The workforce consisted of volunteers, including Committee members, to deliver meals within the local community. Meals were delivered directly to consumers’ homes or could be collected from a collection point that is convenient to the consumer. Consumers said the service is consistently reliable and volunteers said there was sufficient time to complete their deliveries.

An established roster was in place that reflected volunteers’ availability. Volunteers said they always worked in pairs and advised the service in advance if they if they were unable to work on their rostered day. Committee members said in this situation, they replaced the volunteer or backfilled the shift themselves.

Consumers said they lived in a small community and generally knew the volunteers because of this. They spoke highly of the volunteers and said they were friendly, kind, caring and respectful. Further, if they had any concerns about how they were treated they said they would contact the service to discuss the matter. Volunteers knew the consumers, their preferences and their food requirements; they spoke of consumers in a kind and caring manner.

Committee members said all volunteers completed an induction program and were supported by buddy shifts with experienced volunteers as practical training for their role delivering meals. The workforce said the run sheet provided the required information to guide service delivery including those consumers who were receiving meals, number of meals ordered and special diets and preferences. Committee members said the service does not keep records of volunteers’ police checks, vaccination status or details relating to their driver’s licence or car insurance. However, they said there was a process whereby volunteers confirmed they had a driver’s licence by checking a document when they collected the meals for delivery. The service provider in its response to the Quality Audit report has committed to creating a register of volunteer information that will reflect details relating to their driver’s licence and police check status. This information is further considered under Requirement 8(3)(c).

Based on the Quality Audit report and the provider’s response, I am satisfied that:

* Requirements 7(3)(a), 7(3)(b) and 7(3)(c) are compliant.
* At the time of the Quality Audit, the service’s systems and processes relating to workforce training and performance review were not effective.
* The provider plans to undertake actions to address these deficiencies by 30 September 2024. However, while I acknowledge the actions being planned by the provider to address deficiencies relating to staff training and performance review processes, these actions are yet to be fully implemented and evaluated for effectiveness.

For these reasons, I have decided Requirements 7(3)(d) and 7(3)(e) are non-compliant and the overall Quality Standard is non-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. | Not 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. | Not Compliant |

Findings

Having considered the Quality Audit Report and the service provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied Requirements 8(3)(c) and 8(3)(d) are non-compliant. Non-compliance is based on:

* The organisation was not able to demonstrate effective governance systems relating to information management, continuous improvement, workforce governance and regulatory compliance.
* The organisation did not have effective risk management systems and processes.

I have made this decision on the following analysis.

The Quality Audit report identified the following evidence in relation to these requirements.

Requirements 8(3)(c) and 8(3)(d)

The Quality Audit report found the organisation did not have effective governance systems and processes relating to information management, continuous improvement, workforce governance and regulatory compliance.

Information systems were not effective and did not support decision making. Committee members said while they captured basic information about a new consumer through the onboarding process, records of this information were not consistently maintained. Emergency contact details for consumers were not documented. Consumers were not provided with information relating to language services or external complaints bodies. Workforce training records were not maintained, nor was information relating to their driver’s licence, car insurance or police checks recorded.

Committee members said the organisation’s systems and processes were not being assessed or monitored for improvement opportunities and the organisation did not have a plan for continuous improvement. There was evidence however that the organisation was responsive to consumer feedback. At the time of the Quality Audit, Committee members said they would record improvement initiatives going forward and contact the peak body for assistance in establishing a plan for continuous improvement.

In relation to workforce governance, Committee members’ roles were not clearly defined and position descriptions were not in place for each position. Further, staff training was not being provided to ensure the workforce was equipped to deliver services that met the outcomes required by the Quality Standards and a process to review the performance of each member of the workforce was not established.

Systems and processes to ensure the organisation was complying with its regulatory obligations were not effective. Committee members did not demonstrate an understanding of their obligation in relation to ensuring executive decision makers and members of the workforce dealing with vulnerable people have a police check. While information was provided that meal delivery occurs in pairs, there were occasions when a Committee member visited consumers to take payments. The organisation did not have a record for ensuring police checks and driver’s licence information was recorded.

I am satisfied the service’s systems and processes relating to financial governance and feedback and complaints supported the organisation to deliver services to consumers that met consumers’ expectations.

The organisation did not have effective systems and processes to identify and manage risks associated with the care of consumers. Risks related to swallowing difficulties were not consistently identified during assessment and planning. There were no systems to monitor and identify incidents or to report serious incidents. Additionally, Committee members did not have a shared understanding of their role and associated responsibilities in relation to these situations.

The service provider’s response to the Quality Audit Report

The provider’s response included a plan to address identified areas for improvement relevant to Standard 8. Actions include:

* A complete review of governance processes will be completed by the peak body.
* A register of volunteer information will be created and will include details relating to police checks and driver’s licences.
* Staff training records are to be maintained.
* Refresher training will be completed with volunteers addressing areas including the Serious Incident Response Scheme.
* Newsletters will include a staff training and education section.
* Position descriptions for all roles will be disseminated to the workforce.
* Consumers will receive an updated Client and Carer Guide.
* The Charter of Aged Care Rights will be supplied and explained to consumers.

Requirements 8(3)(a) and 8(3)(b)

Consumers were engaged in the development, delivery and evaluation of services and were supported to provide feedback to Committee members that included compliments, concerns and suggestions. Consumers said they felt comfortable providing feedback and volunteers said Committee members were responsive to consumer feedback. The workforce described how consumer feedback was documented and communicated to staff at the hospital kitchen and that this informed changes to the consumers’ meal service.

The Committee meets regularly to discuss service planning, complaints and incidents that may have occurred. The organisation is a member of a peak body and is able to access policies and procedures through the online portal. A contract agreement is in place with the local hospital to supply meals.

Based on the Quality Audit Report and the provider’s response, I am satisfied that:

* Requirements 8(3)(a) and 8(3)(b) are Compliant.
* At the time of the Quality Audit, the service’s systems and processes relating to governance and risk management were not effective.
* The provider plans to undertake actions to address these deficiencies by 30 September 2024. However, while I acknowledge the actions being planned by the provider to address deficiencies relating to governance and risk management, these actions are yet to be fully implemented and evaluated for effectiveness.

For these reasons, I have decided Requirements 8(3)(c) and 8(3)(d) are non-compliant and the overall Quality Standard is non-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-2)