Mt Gravatt Meals on Wheels Service

Performance Report

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| **Address:** | 469 Broadwater RoadMANSFIELD QLD 4122 |
| **Phone:** | 07 3343 6026 |
| **Commission ID:** | 700514 |
| **Provider name:** | Mt Gravatt Meals on Wheels Service Incorporated |
| **Activity type:** | Quality Audit |
| **Activity date:** | 10 May 2022 to 13 May 2022 |
| **Performance report date:** | 7 June 2022 |

# Performance report prepared by

J Taylor, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**CHSP:**

* Meals, 4-7ZNLK44, 469 Broadwater Road, MANSFIELD QLD 4122

# Overall assessment of Service/s

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|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP |  Compliant |
| Requirement 1(3)(a) | CHSP |  Compliant |
| Requirement 1(3)(b) | CHSP |  Compliant |
| Requirement 1(3)(c)  | CHSP |  Compliant |
| Requirement 1(3)(d)  | CHSP |  Compliant |
| Requirement 1(3)(e)  | CHSP |  Compliant |
| Requirement 1(3)(f)  | CHSP |  Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | CHSP  | Not Compliant |
| Requirement 2(3)(a) | CHSP | Not Compliant |
| Requirement 2(3)(b) | CHSP |  Compliant |
| Requirement 2(3)(c) | CHSP |  Compliant |
| Requirement 2(3)(d) | CHSP |  Compliant |
| Requirement 2(3)(e) | CHSP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | CHSP | Not Applicable |
|  |  |  |
| Standard 4 Services and supports for daily living | CHSP  |  Compliant |
| Requirement 4(3)(a) | CHSP |  Compliant |
| Requirement 4(3)(b) | CHSP |  Compliant |
| Requirement 4(3)(c) | CHSP |  Compliant |
| Requirement 4(3)(d) | CHSP |  Compliant |
| Requirement 4(3)(e) | CHSP |  Compliant |
| Requirement 4(3)(f) | CHSP |  Compliant |
| Requirement 4(3)(g) | CHSP | Not Applicable |
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| Standard 5 Organisation’s service environment | CHSP  | Not Applicable |
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| Standard 6 Feedback and complaints | CHSP  | Not Compliant |
| Requirement 6(3)(a) | CHSP  |  Compliant |
| Requirement 6(3)(b) | CHSP | Not Compliant |
| Requirement 6(3)(c)  | CHSP | Not Compliant |
| Requirement 6(3)(d)  | CHSP | Not Compliant |
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| Standard 7 Human resources | CHSP  | Not Compliant |
| Requirement 7(3)(a) | CHSP  |  Compliant |
| Requirement 7(3)(b) | CHSP |  Compliant |
| Requirement 7(3)(c)  | CHSP | Not Compliant |
| Requirement 7(3)(d) | CHSP | Not Compliant |
| Requirement 7(3)(e)  | CHSP | Not Compliant |
|  |  |  |
| Standard 8 Organisational governance | CHSP  | Not Compliant |
| Requirement 8(3)(a) | CHSP  |  Compliant |
| Requirement 8(3)(b) | CHSP |  Compliant |
| Requirement 8(3)(c)  | CHSP | Not Compliant |
| Requirement 8(3)(d) | CHSP | Not Compliant |
| Requirement 8(3)(e)  | CHSP | Not Applicable |
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# Detailed assessment

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

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

The following information has been taken into account in developing this 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.

# STANDARD 1 Consumer dignity and choice

#   CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked the workforce how they ensure consumers are treated with dignity and respect and reviewed relevant documents.

Overall sampled consumers/representatives considered consumers are treated with dignity and respect, can maintain their identity, make informed choices about their meal service and the way it is delivered and live the life they choose.

A review of documentation and interviews with management and the mostly volunteer workforce, demonstrated a consumer-centred approach to service delivery. The workforce demonstrated an understanding of individual consumers and the organisation provides sufficient information to enable consumers to make informed choices.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) |  |  |
|  | CHSP  | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| --- | --- | --- |
| Requirement 1(3)(b) |  |  |
|  | CHSP  | Compliant |

### *Care and services are culturally safe.*

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| --- | --- | --- |
| Requirement 1(3)(c) |  |  |
|  | CHSP  | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 1(3)(d) |  |  |
|  | CHSP  | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| --- | --- | --- |
| Requirement 1(3)(e) |  |  |
|  | CHSP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) |  |  |
|  | CHSP  | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

#   CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this standard, the assessment team sampled the experience of consumers and asked the workforce how assessment and planning are undertaken in partnership with the consumer and reviewed relevant documents.

Overall sampled consumers said they are happy with the service they receive, they are involved in the planning of the service they receive and that it meets their current needs, goals and preferences.

However, a review of documentation found:

* Assessment and planning does not include the consideration of risks to consistently inform the delivery of safe and effective services.
* Service delivery was not reviewed on a regular basis or when there has been a change in the consumers’ condition or following an incident.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

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| --- | --- | --- |
| Requirement 2(3)(a) |  |  |
|  | CHSP  | Not Compliant |

*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.*

Findings

The service demonstrated assessment takes place via the intake form, where information regarding dietary needs and preferences, the frequency of deliveries with any specific delivery instructions and preferred payment method is collected. However, while this information was transferred to the daily run sheets and updated as required, the service was unable to demonstrate that assessment and planning was consistently undertaken.

A review of documentation determined the assessment process does not include the identification of risks to consumers safety, health and wellbeing, including vision, hearing and mobility limitations and cognitive impairment. For example:

* The client intake form reviewed does not prompt the identification of any risks, except to seek information about food allergies and if food needs ‘special preparation’.
* At the time of the assessment, the coordinator did not have access to the My Aged Care (MAC) portal and was unable to access assessments undertaken by the Regional Assessment Service (RAS).
* The service was unable to demonstrate that risk assessments of the home environment were undertaken.

In their response to the Report, the provider advised that this service is now incorporated with 11 other Meals on Wheels services. A new Client Intake Form has been developed to better capture consumer information in addition to a Duty of Care Policy which outlines potential risks to consumers and mitigation and information. The service confirmed that processes have been implemented to better manage risk assessments and will be included in the Client Intake process.

While the service acknowledged these deficiencies at the time of the Quality Review and advised of implementation of a number of actions to address these concerns, it will take time to embed. I have determined that at the time of the quality review this requirement is Not Compliant.

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| Requirement 2(3)(b) |  |  |
|  | CHSP  | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 2(3)(c) |  |  |
|  | CHSP  | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 2(3)(d) |  |  |
|  | CHSP  | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 2(3)(e) |  |  |
|  | CHSP  | Not Compliant |

*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.*

Findings

Consumers interviewed did not recall a review of their service occurring or regular communication from the service regarding their specific service needs. Consumers interviewed did confirm they would contact the service if any changes needed to be made.

While the service demonstrated the daily run sheets are updated with consumer-initiated changes, it was noted that the service does not undertake a formal review of services at least once in every 12-month period in line with CHSP guidelines. Consumer documentation reviewed did not evidence notation of an agreed review date.

In the response to the Report, the service committed to undertaking a regular Client Review annually or when changes are identified by the consumer from July 2022. This is supported via the Client Review Policy and procedure which was approved by the Board in April 2022.

While acknowledging the service identified this as a ‘gap’ prior to the assessment activity and have recently developed an improved process, to include commencement of reviews in August 2022, it will take time for this to be embedded and implemented therefore, this requirement remains not compliant.

# STANDARD 3 Personal care and clinical care

#   CHSP Not Applicable

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

This Standard was deemed Not Applicable as the service does not provide personal care or clinical care.

# STANDARD 4 Services and supports for daily living

#   CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers and asked the workforce how they ensure consumers are provided with the services and supports that are important to their wellbeing and reviewed relevant documents.

Overall sampled consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to live as independently as possible and enjoy life. Consumers interviewed stated they felt the workforce was kind and friendly and shared a number of positive stories on what receiving services meant for them. For this organisation, this means consumers are delivered meals according to their needs, goals and preferences.

Documentation reviewed and interviews with management and the mostly volunteer workforce confirmed there are procedures that support staff to deliver the services according to the consumer’s preferences and in a way that ensures consumers live as independently as possible and can have control over their lives.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as six of the seven specific requirements have been assessed as Compliant and one requirement is deemed Not Applicable

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) |  |  |
|  | CHSP  | Compliant |

*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.*

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| Requirement 4(3)(b) |  |  |
|  | CHSP  | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| --- | --- | --- |
| Requirement 4(3)(c) |  |  |
|  | CHSP  | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 4(3)(d) |  |  |
|  | CHSP  | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| --- | --- | --- |
| Requirement 4(3)(e) |  |  |
|  | CHSP  | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| --- | --- | --- |
| Requirement 4(3)(f) |  |  |
|  | CHSP  | Compliant |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| --- | --- | --- |
| Requirement 4(3)(g) |  |  |
|  | CHSP  | Not Applicable |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

The Assessment Team did not assess Requirement 4(3)(g) as the service does not provide equipment.

# STANDARD 5 Organisation’s service environment

#   CHSP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team did not assess Standard 5 as the service does not provide a physical service environment where care and services are delivered.

# STANDARD 6 Feedback and complaints

#   CHSP Not Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Most consumers and representatives interviewed stated they did not have any concerns about the service and confirmed they understood how to provide feedback or make a complaint and they felt comfortable contacting the service and speaking with management.

The service was unable to demonstrate how they support consumers to make complaints, particularly for consumers who may have barriers to communicating. Consumers and representatives interviewed stated they were not aware of how to access advocates, language services and other external avenues to raise or resolve complaints.

Complaints information reviewed did not show that complaints are promptly responded to and the service did not demonstrate how it monitors, reports and keeps improving its performance against this Standard. The service did not demonstrate that complaints and feedback received are effectively captured, reviewed and analysed or used to improve the quality of services for consumers.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as three of the four specific requirements have been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

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| Requirement 6(3)(a) |  |  |
|  | CHSP  | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) |  |  |
|  | CHSP  | Not Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Findings

Consumers and representatives interviewed stated they were not aware how to access to advocates, language services and other methods for raising and resolving complaints. This includes support to access alternative, external complaints handling options.

The service was unable to demonstrate how they actively support consumers to make complaints, particularly for consumers who may have barriers to communicating. Management interviewed advised the complaints policy includes information about advocacy services and external complaints agencies, however acknowledged the policies are not provided to consumers and/or their representatives.

The Assessment Team discussed this feedback with management who acknowledged the deficiencies and advised the service is currently reviewing their systems and processes and the information provided to consumers so that they are aware how to access to advocates, language services and other methods for raising and resolving complaints.

In response to the Report, the service advised that information on access to advocates and language services is now included in the Clients and Carers booklet 2022. The service also provided updated information regarding the management of complaints and feedback and reporting to the Board.

While acknowledging the service advised a review of systems and processes is underway to ensure consumers are aware of how to access various support mechanisms for raising and resolving complaints, the planned consumer documentation was not yet available to consumers and their representatives at the time of the quality review. It will take time for this to be embedded and implemented therefore, this requirement remains not compliant.

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| Requirement 6(3)(c) |  |  |
|  | CHSP  | Not Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Findings

During interview with the Assessment Team, consumers and their representatives explained where they had provided feedback to the service and on occasions had received an apology when things have gone wrong, such as the wrong meal being provided. However, consumers provided mixed feedback about the resolution of their concerns. For some consumers, they were not satisfied with the actions taken by the service when they provided feedback or made a complaint. For example:

* One consumer told the assessment team they had raised concerns to the service twice, in relation to the service not providing her with a menu to order her meals. While the consumer was able to phone the service to place their meal order, the service had not resolved their concerns and at the time of the interview with the Assessment Team, she still had not received an order menu. Following feedback to staff, they advised a menu would be delivered that day.
* One Consumer described concerns raised with the service about a volunteer who stepped through the front door without an invitation. They said that the service did not explain what actions were taken to resolve their complaint, however when the volunteer concerned visited recently they remained outside his front door.

The service did not demonstrate application of a best practice complaints management system in managing and resolving complaints for consumers. The system reviewed to record feedback and complaints did not demonstrate actions taken in response to complaints or that an open disclosure process was used. While management interviewed demonstrated an understanding of open disclosure, the staff interviewed acknowledged they did not know what open disclosure is and what it means for their day-to-day practice. The service did not demonstrate policies in place in relation to open disclosure.

The service did not demonstrate that staff are recording all feedback and complaints or responding to complaints as outlined in the services complaints policy. The staff interviewed confirmed feedback and complaints are not consistently recorded and acknowledged this is an area for improvement. Management interviewed acknowledged the complaints policy has not been implemented at the service.

While management interviewed acknowledged the ‘gaps’ identified and advised this would be addressed as part of the service’s continuous improvement processes, this was not demonstrated at the time of the assessment and is yet to be implemented.

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| Requirement 6(3)(d) |  |  |
|  | CHSP  | Not Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Findings

At the time of the quality assessment, the service did not demonstrate that complaints and consumer feedback is utilised in improving the quality of services delivered.

Some consumers interviewed stated they do not have confidence that the service uses feedback and complaints to improve the quality of care and services and for consumers who said they had provided feedback or made a complaint with the service could not describe changes made to their service. For example:

* One consumer said they provided feedback about the quality of the vegetables in the frozen meals where they are too hard to chew. The consumer said that while they have raised their concerns the issue remains, and they do not feel confident that the service will do anything about it.
* One consumer said they have had ongoing issues where they are provided with meals that include ingredients they cannot eat, and the service is aware of this. While feedback has been provided on several occasions, the issues remain ongoing and the service has not improved.

While the service evidenced a complaints policy is in place, management, staff and volunteers interviewed did not demonstrate a shared understanding of what constitutes feedback verses what would be considered a complaint and how to effectively capture that information in the complaints system. The complaints management system has not been effectively implemented and as a result the feedback and/or complaints are not being effectively captured and analysed to identify trends.

Management interviewed acknowledged this is an area for improvement and the gaps identified will be addressed as part of the continuous improvement processes.

# STANDARD 7 Human resources

#   CHSP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives interviewed described in various ways they felt staff and volunteers behave in a kind, caring and respectful way when delivering services.

The service demonstrated the workforce is planned to enable, with the appropriate number and mix of staff, the delivery and management of safe and quality services. Feedback from consumers/representatives interviewed demonstrated the workforce is sufficient and consumers get services when they need them.

The service did not demonstrate the workforce is trained, equipped and supported to deliver the outcomes required by the Quality Standards. There is insufficient evidence of regular assessment, monitoring and review of the performance of each member of the workforce.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

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| --- | --- | --- |
| Requirement 7(3)(a) |  |  |
|  | CHSP  | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 7(3)(b) |  |  |
|  | CHSP  | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| --- | --- | --- |
| Requirement 7(3)(c) |  |  |
|  | CHSP  | Not Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Findings

Consumers and representatives interviewed said they have confidence in the workforce and that staff know what they are doing.

Management, staff and volunteers interviewed demonstrated they have the knowledge of operational processes to provide the meal delivery service to consumers. However, management did not demonstrate they had the knowledge required for their roles in meeting the requirements of a provider of aged care services. There was insufficient evidence provided that the coordinator and administration assistant were supported through governance systems and processes in understanding their responsibilities and accountabilities, including an understanding of the Quality Standards and how they apply to their role in a practical way. For example:

* The coordinator and administration assistant did not demonstrate knowledge and understanding in relation to assessment and care planning required by the Quality Standards and the requirements of the CHSP guidelines. This is reflected in the deficiencies identified in Standard 2.
* The coordinator did not understand the worker screening requirements for aged care services. This is discussed further in Standard 8(3)(c).
* The coordinator and administration assistant did not demonstrate knowledge of effective complaints management, open disclosure, elder abuse or effective incident management.

While the service demonstrated that positions descriptions and information is provided to staff and volunteers that outline the requirements of their role, management interviewed were unable to describe how they test staff and volunteer’s performance in their roles and that they understand the requirements of their position. For example:

* The service provides a copy of the Volunteer Training Booklet to volunteers with information, so they know how to perform their role, however management were unable to demonstrate how they ensure the volunteers have read and understand the information contained. Feedback from some volunteers indicated that while they had received the booklet and signed it, they had not read it.

Management interviewed acknowledged this is an area for improvement and the gaps identified will be addressed as part of the continuous improvement processes.

In response to the Report, the service advised that staff and volunteers have been referred to internal on-line training regarding the Aged Care Quality Standards to provide staff with guidance and understanding on how the Quality Standards apply to their roles.

In considering the evidence above and the response from the provider, I acknowledge the action taken by the provider to address the concerns raised against this standard however, it will take time to embed and implement. I find that this requirement is deemed to be not compliant as of the time of the quality review.

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| Requirement 7(3)(d) |  |  |
|  | CHSP  | Not Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Findings

The service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards. The Assessment Team determined processes are not effective in ensuring the workforce receives the ongoing support, training and professional development they need to carry out their roles and responsibilities in delivering services to aged care consumers. For example:

* Staff and volunteers interviewed advised, and management confirmed they have not received training in relation to complaints management or advocacy services.
* The service did not demonstrate policies in place in relation to open disclosure. and could not training has not been provided in relation to complaints management or open disclosure.
* While the CHSP guidelines documents providers are responsible for ensuring staff and volunteers involved in direct service provision receive accredited first aid training and certification as soon as practicable; there is no evidence the service has considered or provides this training. While the coordinator said they have a current first aid certificate, they confirmed first aid training is not provided by the service.
* There was no evidence provided that management, staff or volunteers had received training relevant to the Quality Standards, including but not limited to:
	+ Complaints management, open disclosure and advocacy.
	+ Training in cultural safety.
	+ Identifying abuse and neglect of consumers.
	+ Management and prevention of incidents, using an incident management system (IMS) to support a best practice.
	+ Training in the Quality Standards and the practical application relevant to the role and responsibilities of the workforce and the governing body.

Management and volunteers interviewed described the recruitment and orientation process at the service, including buddy shifts for volunteers when they first commence. However, there was no evidence of a system in place for how training and recruitment processes are monitored for effectiveness and how additional training requirements are identified and delivered.

In response to the Report, the provider confirmed implementation of processes to ensure staff and volunteers receive training, to include update of First Aid Certificates, and all training is recorded. The provider advised training on the following will be scheduled in the future:

* Cultural Safety;
* Elder Abuse and Neglect;
* Incident Management;
* Quality Standards, which is currently in place; and
* Dementia Training.

In considering the evidence provided during the quality review and acknowledging the actions planned to address the concerns raised in this requirement, it will take time to implement the planned changes and so find this requirement not compliant at this time.

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| Requirement 7(3)(e) |  |  |
|  | CHSP  | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Findings

Consumers and representatives interviewed said in various ways they were satisfied the workforce providing their meal delivery service and the staff perform their role well.

However, the service did not demonstrate effective systems were in place to regularly evaluate how management, staff and volunteers are performing their roles. The service did not demonstrate that regular assessment, monitoring and review of the workforce occurs. While the service evidenced policies in place to support this requirement, it was not evident these policies had been implemented. The service did not demonstrate how they identify, plan for and support training and development required by all staff.

Management interviewed acknowledged the areas for improvement relating to this requirement and advised action would be taken as part of the services continuous improvement plan however, this will take time to implement and embed.

In the response to the Report, the provider confirmed that performance reviews for staff will commence from September/October 2022 and will identify training needs. Identified training needs will be added to the Training Calendar for broader discussion with the Board. Performance reviews will occur at the six month point for new staff and then annually for existing staff.

In considering the information provided at the time of the quality review and additional information from the provider, I find that it will take time to implement and embed these actions. This requirement is therefore not compliant.

# STANDARD 8 Organisational governance

#   CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The service demonstrated consumers are engaged in the development, delivery and evaluation of their services and are supported in that engagement. The service evidenced formal processes to seek input from consumers and representatives, including consumer satisfaction surveys.

The assessment team reviewed documentation, interviewed service staff, and identified areas were the service could not demonstrate compliance with all requirements under this standard, noting that other standards found to be non-compliant in this assessment are relevant and related to the overall governance of the service.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant. One requirement was deemed Not Applicable.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) |  |  |
|  | CHSP  | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

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| Requirement 8(3)(b) |  |  |
|  | CHSP  | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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| Requirement 8(3)(c) |  |  |
|  | CHSP  | Not Compliant |

*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.*

Findings

At the time of assessment, the service was not able to demonstrate, and evidence effective organisation wide governance systems are embedded throughout all areas noted under this requirement.

#### *Information management*

Whilst the service was able to demonstrate information management systems in place with supporting policies and procedures, they are not consistently effective in meeting the outcomes required by the Quality Standards. For example:

* Management, staff and volunteers interviewed were not aware of or understood all the policies and procedures to support them in their roles.
* The service demonstrated an electronic care planning system, however there is limited information contained in the system to support management and staff in their roles. Management interviewed advised the service is transitioning from hard copy files to electronic files and hard copy consumer information is unable to be easily accessed. Management acknowledged that information management and record keeping is an area for improvement.
* Staff interviewed advised they do not have access to consumer information through My Aged Care and were unable to evidence assessment and planning information for consumers to support the delivery of safe and effective services. Refer to Standard 2.
* Information systems to support the management of feedback and complaints are not effective. Refer to Standard 6 Requirement 6(3)(d).
* Staff and volunteer personnel file information was not readily available for the Assessment Team to review and not easily accessible by management at the service.
* The service was unable to demonstrate the incident management system helps the organisation to identify where quality and safety is at risk and improvements need to be made.

In response to the Report for this specific section, the provider confirmed that information will be stored in the Client and Volunteer Information Management System and will be consistent across all Meals on Wheels providers incorporated in the area. Incident management systems have also been implemented to better identify impacts of risk, timeframes and actions to mitigate risk.

*(ii)* *Continuous improvement*

There was insufficient evidence to demonstrate the service had effective quality systems to support the governing body in analysing information to identify improvements to the quality of care and services.

Management interviewed acknowledged they were unaware of the requirement to have a written Plan for Continuous Improvement (PCI) that explains how the service will meet its obligations in relation to the service and the Quality Standards. While the Assessment Team reviewed a continuous improvement register at the service, there was only one entry dated 10 April 2021 in relation to an improvement action from the consumer satisfaction survey. The service could not demonstrate continuous improvement that is systematic or supports an ongoing effort over time to improve the quality of care and services delivered to consumers.

In response to the Report for this specific section, the provider confirmed that a Client Review process has commenced for all consumers receiving service for 6 months or more and this will be regularly scheduled. The provider advised that consumers had an opportunity to participate in a Huber Social survey arranged by Meals on Wheels Australia seeking feedback on the meals and service provided.

*(iii) Financial governance*

The service demonstrated financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. The service evidenced the Board has oversight of the service’s income and expenditure and this is reviewed regularly and discussed at Board meetings. Financial reports are presented regularly to the Board and financial audits are conducted yearly by an external auditor.

*(iv) Workforce governance, including the assignment of clear responsibilities and accountabilities*

Management interviewed did not demonstrate they had the required knowledge of aged care programs or the requirements of the Quality Standards to effectively perform their roles. Staff and volunteers’ records indicated they do not receive the ongoing support, training, professional development and feedback they need to meet the needs of aged care consumers and deliver the outcomes the Quality Standards describe. The service did not demonstrate an effective system in place to regularly evaluate how management, staff and volunteers are performing their role.

In response to the Report for this specific section, the provider confirmed that staff and volunteer

*(v) Regulatory compliance*

Management interviewed advised there are no adverse findings by another regulatory agency or oversight body in the last 12 months. They described how the service maintains up to date information on legislative, funding and relevant guidelines through information provision from the General Manager and governing body.

However, the service did not demonstrate they meet their responsibilities and accountabilities as a provider under the Commonwealth Home Support Programme (CHSP). The service did not demonstrate effective systems and processes in place to support the service to meet all regulatory requirements as an aged care provider. For example:

* Compliance with the Quality Standards was not demonstrated, as reflected in this report. The service did not have a written PCI that explained how they will assess, monitor and improve their quality of care and services, measured against the Quality Standards, from 1 July 2019.
* Assessment and planning processes are not effective in identifying risks to consumers and services are not reviewed at least every 12 months. This is discussed further in Standard 2.
* The service did not demonstrate how they comply with legislative requirements as set out by Part 6 of the Accountability Principles 2014 in relation to police checks.

In response to the Report for this specific section, the provider confirmed that the Police Check Procedure will be updated to provide simple instructions for staff when submitting police check requests for volunteers and is expected to be in place from July 2022.

*(vi) Feedback and complaints*

The service did not demonstrate an effective feedback and complaints management system. Complaints information reviewed did not show that complaints are promptly responded to and the service did not demonstrate how it monitors, reports and keeps improving its performance against this Standard. The service did not demonstrate that complaints and feedback received are effectively captured, reviewed and analysed or used to improve the quality of services for consumers.

While management interviewed acknowledged the deficiencies identified for this requirement and advised ‘gaps’ will be addressed as part of their continuous improvement plan, it will take time to implement and embed proposed changes.

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| Requirement 8(3)(d) |  |  |
|  | CHSP  | Not Compliant |

*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.*

Findings

The service did not evidence effective risk management systems and processes that help identify and respond to risks to the health, safety and well-being of consumers. The Assessment Team found key risks associated with aged care consumers were not adequately identified, addressed or monitored through assessment and care planning processes. (Refer to Standard 2) Management interviewed acknowledged there are no systems and processes in place to consider individual risks for consumers regarding emergency planning for disasters.

The service did not demonstrate they support management, staff and volunteers in understanding their roles and responsibilities in meeting the outcomes of this Requirement. For example:

* While staff and volunteers interviewed described the process of reporting incidents or concerns about individual consumers to management, they said they do this verbally and were unaware if documentation was required. Volunteers were unaware if incident forms were in place and could not describe the incident management systems and processes at the service.
* Staff and volunteers interviewed did not demonstrate an understanding of what harm, abuse and neglect looks like for aged care consumers. There was no evidence that policies or procedures were in place to support the workforce to understand their roles and responsibilities for identifying and reporting abuse. Management interviewed acknowledged they were unsure what to do if staff or volunteers reported concerns about abuse and neglect of a consumer.
* The was no evidence of training to support the outcomes of this Requirement including:
	+ The prevention and management of risks associated with aged care consumers at the service such as falls;
	+ Identifying and responding to abuse and neglect of consumers;
	+ Management and prevention of incidents, using an IMS to support a best practice; and
	+ Infection control and prevention, including COVID-19.

The service demonstrated reporting to the governing body in relation to risk management, including incidents, COVID-19 updates and natural disasters such as flooding, however the service does not demonstrate effective systems for reporting and documentation of incidents, hazard identification and risk assessments. As a result, the information provided to the governing body is not always accurate.

The service evidenced policies and procedures in place to support effective risk management, including business continuity plans, however there was no evidence of a COVID Safe plan in place for the service. The Department of Health recommends home care providers have a COVID Safe plan that is reviewed and updated regularly by the service.

Management interviewed acknowledged the deficiencies identified and advised that the risk management system, including documentation and training needs to be fully established across the organisation. Management interviewed advised that policies and procedures had been developed and described plans to address the identified gaps that will be driven by the Board, however at the time of the Quality Audit the plans had not been implemented and the deficiencies remain.

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| Requirement 8(3)(e) |  |  |
|  | CHSP  | Not Applicable |

*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.*

The Assessment Team did not assess this Requirement as the service does not provide clinical care.

# 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.

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| **Requirement 2(3)(a)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*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.*

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| **Requirement 2(3)(e)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*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.*

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| **Requirement 6(3)(b)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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| **Requirement 6(3)(c)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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| **Requirement 6(3)(d)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

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| **Requirement 7(3)(c)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| **Requirement 7(3)(d)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| **Requirement 7(3)(e)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

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| **Requirement 8(3)(c)** |  |  |
|  | **CHSP**  | **Not Compliant** |

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| **Requirement 8(3)(d)** |  |  |
|  | **CHSP**  | **Not Compliant** |

*Effective risk management systems and practices, including but not limited to the following:*

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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.*