**Performance**

**Report**

**1800 951 822**

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| Name of service: | Mt Gravatt Meals on Wheels Service |
| Service address: | 469 Broadwater Road MANSFIELD QLD 4122 |
| Commission ID: | 700514 |
| Home Service Provider: | Mt Gravatt Meals on Wheels Service Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 19 December 2022 |
| Performance report date: | 20 January 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 Mt Gravatt Meals on Wheels Service (**the service**) has been prepared by M Abjorensen, 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:**

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

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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.

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| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Non-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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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

The service demonstrated that assessment and planning informs service delivery through the consideration of risks to the consumer’s safety and wellbeing. The Assessment Team reported service assessments seek consumer input on relevant health information, dietary needs, meal preferences, the frequency of meal services, and any other special instructions required for service delivery. Assessments are completed by a staff member at the service, who uses the information gathered from the consumer, in conjunction with details available through consumers’ My Aged Care referral. Consumer files, reviewed by the Assessment Team, showed the service identifies relevant risks and documents strategies to guide volunteers and staff in their service delivery. Examples included alerts where consumers order meals below the number within their service plans, texture modified meals according to preferences, mobility requirements requiring additional time to deliveries and guidance to support a consumer experiencing cognitive decline.

Through evidence collected by the Assessment Team, the service demonstrated that services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. In addition to annual service reviews, management and staff advised the Assessment Team that reviews occur in an ongoing capacity, including when consumers make changes to their meal services. Whereas, formal review processes involve consumers’ completion of a ‘Client Review Form’. The Assessment Team reviewed the form and reported relevant information is sought to ensure services are effective at meeting the current needs and preferences of the consumer. Review information records any changes to consumer living arrangements, the adequacy of portions, confirmation of preferences and dietary needs, recent weight loss and evaluation of services received. Where amendments to consumer services occur, deliver run sheets are updated accordingly. The Assessment Team reported sampled ‘Client Review Forms’ evidenced the service has undertaken appropriate formal reviews for existing consumers.

# 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. | Not applicable |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service has implemented improvements to make consumers aware of, and have access to, advocacy and language services and other methods for raising complaints. However, management told the Assessment Team that only new consumers have received this updated information, which is yet to be passed on to all consumers. Management provided the Assessment Team with an updated ‘Client and Carers Guide’, which includes information about advocates, language services and other methods for raising complaints. Additionally, the revised staff manual contains information to guide new consumers to access information about advocacy and complaint mechanisms.

The Decision Maker notes the service has completed corrective actions to revise information shared with consumers and encourages the service to prioritise the distribution of this information to all consumers within the service. When the service can demonstrate all consumers have access to, and have been made aware of, advocates, language services and other methods for raising complaints, the Decision Maker is confident the service will return to compliance in the near future.

The Assessment Team reported, the complaints register, complaints procedures and consumer feedback evidenced that appropriate and timely action is taken when required. The service has included complaints training, including the use of open disclosure to resolve complaints, as part of induction training.

Through evidence presented by the Assessment Team, the service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Management told the Assessment Team the feedback register is monitored by management and the board of management reviews of trends and evaluates the effectiveness of the complaints process through scheduled reviews. Through review of the feedback register, the Assessment Team reported trends relating to consumer meal preferences and actions taken to improve services, including, updates to consumer preferences. Additionally, consumer feedback informs continuous improvement, for example, the service revised the menu layout and font size, in response to consumer feedback.

# 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. | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| 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

Through evidence collected by the Assessment Team, the service demonstrated the workforce is competent, with the appropriate qualifications and knowledge to effectively perform their roles. Management advised the Assessment Team that each role requires the staff member or volunteer to have appropriate background checks and qualifications. For example, volunteer delivery drivers required a current driver’s license and appropriate insurance and the Assessment Team reviewed evidence that all police checks for staff and volunteers were current and up to date, which are monitored by management.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the services required. Through Assessment Team interviews, Management and staff described the service's orientation and recruitment process, including a mandatory training course. The Assessment Team reviewed the service’s ‘staff manual’, which gives new staff appropriate information regarding the service’s structure, culture, and how to succeed in their role. Staff confirmed that the information provided during the orientation and initial training modules was sufficient to guide them in starting their position. Staff confirmed they receive training specific to the roles they are undertaking. The Assessment Team observed the service’s training records, which evidenced completed relevant training, including training relating to the Aged Care Quality Standards and food safety, hygiene, knife handling skills and food transport.

Through interviews conducted by the Assessment Team, management and staff reported performance is monitored on an ongoing basis, including formal performance appraisals. Management told the Assessment Team, they discuss any individual performance concerns of staff when they occur and cyclical performance assessments are used to identify learning opportunities. The Assessment Team observed evidence of appropriate and recent performance appraisals having taken place, including details of the conversation that occurred. For example, performance reviews consist of a staff self-assessment and manager assessment of their performance relating to specific categories including consumer relations, compliance with policies and procedures and attendance.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

Through evidence collected by the Assessment Team, the service demonstrated that effective organisation-wide governance systems operate in relation to information management, continuous improvement, workforce governance, regulatory compliance, feedback and complaints. For example, the workforce has access to policies and procedures that can support them to effectively perform their roles, including a staff manual that covers appropriate topics such as working conditions, expectations, and other information necessary to succeed at the service, continuous improvement plans identify improvements through consumer feedback, workforce governance is monitored through management and broader service processes, the service is informed of regulatory changes through communications from the central hub responsible for monitoring regulatory changes.

The organisation has an appropriate risk management framework to manage and respond to high-impact or high-prevalence risks. Incidents are recorded in an incident register, which is then provided to management for discussion at the board level. The Assessment Team reviewed service’s incident register and found the register records relevant incident information and is actively used by staff and volunteers. Interviews, conducted by the Assessment Team, evidenced the workforce has received incident management training and incident management systems are monitored by management for effectiveness.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)