**Performance**

**Report**

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| Name of service: | Nerang and Districts Meals on Wheels |
| Service address: | 35 Mylor Street NERANG QLD 4211 |
| Commission ID: | 700650 |
| Home Service Provider: | Nerang and Districts Meals on Wheels Inc |
| Activity type: | Quality Audit |
| Activity date: | 17 March 2023 to 21 March 2023 |
| Performance report date: | 20 April 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 Nerang and Districts Meals on Wheels (**the service**) has been prepared by J ZHOU, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24026, 35 Mylor Street, NERANG QLD 4211

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 12 April 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the requirements of this Standard. In summary, the Assessment Team found evidence which demonstrated the service is:

* Ensuring that consumers receiving the meal delivery service are treated with dignity and respect and their culture and diversity is valued.
* Assisting consumers to make informed choices about their types of meals and delivery options to maintain their independence.
* Respecting consumers’ privacy and protecting the confidentiality of their personal information.

# 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

2(3)(e)

During the quality audit, the Assessment Team found that the service had not reviewed some of its consumer care and service documentation on a regular basis. For instance, client record forms were missing for two consumers, some MAC information were missing from consumer files and six consumers had no emergency or alternative contact noted in the service’s system.

The service acknowledged these deficiencies during the quality audit. Since then, it has assured me through written submissions of the following:

* Hard copy client files have now all been checked to ensure that one is printed for each client.
* Letters have been given to clients missing MAC information so that we can update their files.
* All Clients missing emergency contact information have now been update.
* We are in the process of updating our client review dates, which will be on their birth dates.

I trust that the service’s implementation of these affirmative measures and their strengthened measures means I can find the provider now complaint against this Requirement.

Other requirements

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the other requirements of this Standard. For instance, the Assessment Team found evidence which demonstrated the service is:

* Undertaking assessment and planning for meal delivery services with consumers/representatives which includes consideration of risks to the consumer’s health and well-being.
* Updating meal preferences including changes to dietary requirements when advised by consumers/representatives.

I find the service complaint against the requirements of this Standard.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

Findings

The service does not provide any personal or clinical care and as such this Standard is not applicable to the quality audit.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the other requirements of this Standard. For instance, the Assessment Team found evidence which demonstrated the service is:

* Demonstrating that consumers get the meal delivery service that is important for their health and well-being so the consumer can focus on doing things they want to do and have more time for meaningful social and personal engagements.
* Delivering meals that suit the consumer’s preferences including any dietary requirements and communicating any changes to service delivery to ensure that consumers have an adequate supply of meals.
* Ensuring the workers are familiar with the consumers general like and dislikes so they can have meaningful engagements during meal delivery that is shown to have enhanced the consumer’s psychological well-being.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The service does not provide a service environment and as such this Standard was not applicable to the quality audit.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the other requirements of this Standard. For instance, the Assessment Team found evidence which demonstrated the service is:

* Supportive of consumers providing feedback and uses open communication when responding to complaints.
* Responding to all feedback in a timely manner, acknowledging concerns, maintaining confidentiality and involving the consumer in the resolution.
* Reviewing and analysing all feedback to inform improvements, for the consumer and on a broader scale across the organisation.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the other requirements of this Standard. For instance, the Assessment Team found evidence which demonstrated the service is:

* Providing a skilled workforce, sufficient in numbers and have the appropriate qualifications to deliver safe and respectful care and services.
* Providing the workforce with guidelines and training to support the delivery of a quality meal service according to consumer’s needs and preferences.
* Ensuring the assessment, monitoring and review of the performance of each member of the workforce is undertaken to better supply quality care to consumers.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Requirement 8(3)(c)

The Assessment Team found issues with the service not having provided the Charter of Aged Care Rights as is required under the CHSP Manual. Further, the client handbook did not contain correct details for advancing a complaint to the Commission nor did it contain information about accessing translation or relay services.

The service has since provided me with a written assurance that ‘*the Aged Care Charter of Rights has now been distributed to all clients and our new Client and Carers Guide has been received and updated with the new Charter of Rights.’* As such, I now find the service compliant with this Requirement.

Other Requirements

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the other requirements of this Standard. For instance, the Assessment Team found evidence which demonstrated the service is:

* engaging its consumers in the development and delivery of care and services though seeking input from consumers/representatives to improve the effectiveness of the meal delivery service.
* Promoting a culture of safe and effective care seen through its compliance with the other quality Standards.
* Now ensuring effective organisation wide governance systems
* Ensuring it has an effective risk management framework designed to capture and analyse high impact risks to consumers which for this service means identifying potential risks to consumers well-being, such as food allergies/intolerances, are managed appropriately with strategies put in place to mitigate these risks. The service has a food safety plan in place that supports safe food handling practices and manages potential risks to consumers.

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