**Performance**

**Report**

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| Name: | Nonna's Cucina |
| Commission ID: | 600136 |
| Address: | 12 Hardy Street, ROYAL PARK, South Australia, 5014 |
| Activity type: | Quality Audit |
| Activity date: | 12 December 2023 to 13 December 2023 |
| Performance report date: | 12 January 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: 7982 Italian Home Delivered Meals & Services Inc  
Service: 23759 Italian Home Delivered Meals & Services Inc - Community and Home Support

**This performance report**

This performance report for Nonna's Cucina (**the service**) has been prepared by Mary Murray, 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.

# Material relied on

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

* the assessment team’s report for 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

# 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** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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

Consumers interviewed advised they are treated with dignity and respect, and the service recognises and values their identity, culture and diversity. The Assessment Team observed respectful interactions with consumers occurring. Staff, volunteers, and management described what treating consumers with dignity and respect means in practice and what they would do if they thought a consumer's dignity was not being upheld or they were being treated disrespectfully.

The Assessment Team observed the service maintains records in a culturally respectful manner, including details of ‘linked consumers’ and ‘partner’s gender.’ All details were recorded respectfully.

Consumers interviewed advised staff know about their background and they feel culturally safe.

Consumers and/or representatives interviewed said the service involved them in making decisions about the consumer’s services. Staff and management described how they support consumers and/or their representatives to exercise choice and make decisions about the services they receive. Consumers said they can change their minds about what meals are delivered at any time.

Consumers said they do not wish to take risks, however, the service they receive enables them to maintain their independence and live their best life. Management demonstrated how they support consumers to consider risks if they choose a meal that is not in line with their dietary recommendations. The Assessment Team found evidence that discussions on risk and benefits supported the consumer to make an informed choice.

Staff and management described how they provide information to consumers at the commencement of services and regularly update consumers with current information verbally and in writing. Management confirmed invoices and/or statements are available upon request and will implement a process to automatically distribute invoices commencing January 2024.

The Assessment Team viewed newsletters distributed throughout 2023 and noted each newsletter contained the Charter of Aged Care Rights, and a message from the President and the Chief Executive Officer.

Staff confirmed they only have access to information that is relevant to their role, and the service demonstrated they have effective systems in place to protect consumers’ privacy and personal information.

Based on the information summarised above I find the service complies with Standard 1.

# 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

Management advised the service completes a formal assessment process at the commencement of services. The service gathers relevant information from consumers verbally, and this is documented in the consumer’s file to inform safe delivery of services.

Consumer files showed risks related to mobility, oxygen use, food allergies and dietary restrictions had been documented, and evidenced that conversations with consumers on managing their risk had occurred.

Staff stated they are aware of each consumer’s needs, goals, and personal preferences as this information is recorded on the consumer’s file. Staff stated it is important to understand what is important to each consumer to ensure meals are provided in line with their needs and preferences.

Consumers described how the meal service is meeting their needs, such as reducing their cholesterol and maintaining a healthy weight range. The service is flexible on the days and time of meal delivery and this supports consumers to carry on with other commitments and activities they have during the week.

Consumers and/or representatives interviewed confirmed they are involved in assessment and planning, and making decisions about their services.

Management advised, and documentation confirmed, the service communicates with the consumer, their families, their home care package service providers and/or allied health professionals when dietary modifications are required.

The service does not currently offer consumers a care plan in their home, however, provides them with a menu. Management advised they will investigate providing consumers with a copy of the information retained in their electronic file as this together with and their menu forms the care documentation.

Staff and volunteers interviewed described the service’s process to undertake 6 monthly reviews, and stated the information is entered into the consumer’s electronic file once a senior staff member has checked it. Reviews were also evident when a consumer had a change in circumstance.

Consumers said staff ask about their well-being at each meal delivery and office staff telephone regularly to check that the service is meeting their needs.

Based on the information summarised above I find the service complies with Standard 2. While care plans are not provided to consumers at this time, I am satisfied with the commitment by the service to ensure this occurs.

# Standard 3

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

Findings

This Standard does not apply as the service does not provider personal or clinical care.

# 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

Consumers and/or representatives confirmed that the services provided support the consumers’ independence and quality of life. Management and staff described what is important to consumers and how they adapt services according to consumers’ needs, goals, and preferences. This was confirmed through care planning files viewed by the Assessment Team.

Consumers described the effectiveness of the service in various ways including returning to a healthy weight range and having social connections with the staff.

Staff demonstrated how they support consumers emotionally and facilitate connections to alternative service providers or community groups when consumers are at risk of becoming isolated.

The services supports consumers to enjoy their dining experience with their family and can provide special meal platters when consumers want to entertain guests.

Consumers and/or representatives confirmed staff know consumers and they do not need to repeat information about their needs and preferences. Staff and volunteers coordinating and providing services confirmed they have access to the relevant information about consumers to deliver a safe, tailored service.

The service demonstrated timely and appropriate referrals to other organisations or providers are made for consumers. Management and staff described processes to refer consumers to other organisations or My Aged Care. This was confirmed through consumer files.

Consumers described how they are satisfied with the choice of meals and described them as being of superior quality and quantity.

Based on the information summarised above I find the service complies with Standard 4.

# Standard 5

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

Findings

This Standard does not apply as services are only provided in the home.

# 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/or representatives interviewed said they were aware of how to provide feedback or make complaints and information had been provided by the service on the ways they could do this. All consumers interviewed advised they know they can speak to staff or volunteers if they need to raise any issues or concerns and would feel no hesitation in doing so.

Staff interviewed said they encourage consumers to fill in feedback forms or call the service to raise any issues or concerns and felt comfortable passing on verbal feedback on behalf of consumers to the office staff.

A client pack outlines how consumers can access to advocates, language services and the Quality and Safety Commission to raise a complaint or manage a concern.

Administrative staff could identify advocacy services and their functionality, and felt confident in their ability to assist consumers to engage with a service if required.

The service has policies and procedures to guide volunteers and staff on how to manage complaints.

Management, staff, and volunteers stated that while there have been limited complaints made, they are quick to action any concerns raised by consumers.

The Assessment Team reviewed the management and outcome of complaints lodged and found they were managed in line with the service’s policy, used an open disclosure approach and resolved the complaint to the consumer’s satisfaction.

Based on the information summarised above I find the service complies with Standard 6.

# 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

Management demonstrated effective workforce management and outlined how they plan and manage the workforce, including volunteers to ensure continuity of services. Consumers said they have regular volunteers and the service is delivered on time and as expected.

Consumers said volunteers, staff and management are kind, caring and respectful. Consumers said staff are genuine and friendly, with one consumer saying staff respect their identity and another saying some volunteers are from the same cultural background and this has helped them build rapport. Management, staff, and volunteers spoke about consumers in a kind and respectful way when speaking with the Assessment Team.

Staff and volunteers demonstrated competency in their respective roles. Management advised they assess competence at the interview stage and monitor this through a variety of ways including ‘friend shifts’, observations and feedback from staff and consumers. Management advised that volunteers often cover various roles within the service, including delivering meals or working in administration or the kitchen and once deemed competent.

The Assessment Team reviewed documentation confirming all volunteers have First Aid and Food Hygiene training and certification. Staff confirmed they can request training and upskilling through management, and management are receptive to their requests.

Staff confirmed they were supported in their performance review process, with any identified needs addressed. Management advised, and documentation confirmed, they monitor volunteer performance with informal feedback sessions and maintain workplace discussion records which are available in staff files.

Based on the information summarised above I find the service complies with Standard 7.

# 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. | Not applicable |

Findings

The service demonstrated consumers are engaged in the development, delivery and evaluation of care and services. Consumers interviewed said they have input about services provided through feedback mechanisms. Management, staff, and volunteers described how consumers provide input about their experience and services through formal and informal feedback processes, and broader inclusion, such as surveys.

The organisation’s business plan is focused on supporting consumers to live their best life by shaping the service delivery in a client-centric experience. A suite of policies and procedures guide management, staff and volunteers in how to deliver a quality and effective service.

The service has a range of reporting mechanisms to ensure the governing body is aware and accountable for the delivery of care and services. The Assessment Team viewed the last 6 Board Management Committee meeting minutes, which include standing agenda items on consumer feedback and service delivery.

The Assessment’s review of the organisation during the quality audit demonstrated that the service has established, documented, and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints.

The service demonstrated how they record, review, and report individual incidents in their reporting system and demonstrated how consumer incidents are investigated and analysed, with appropriate open disclosure actions undertaken in consultation with the affected consumers and/or their representatives.

Proportionate, appropriate effective risk management systems and practices, including in relation to effectively managing high-impact or high-prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers and managing and preventing incidents.

The service has a continuous improvement plan which directs their business priorities.

Based on the information summarised above I find the service complies with Standard 8.

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)