**Performance**

**Report**

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| Name: | Parkes Shire Food Service |
| Commission ID: | 200417 |
| Address: | 23 Forbes Road, PARKES, New South Wales, 2870 |
| Activity type: | Quality Audit |
| Activity date: | 29 November 2023 to 30 November 2023 |
| Performance report date: | 29 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: 8033 Parkes Shire Food Service Inc  
Service: 24572 Parkes Shire Food Service Inc - Community and Home Support

**This performance report**

This performance report for Parkes Shire Food Service (**the service**) has been prepared by Therese Solomon, 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.
* the provider’s response to the assessment team’s report received 23 January 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **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

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.

Requirement 2(3)(b)

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences.

Requirement 2(3)(e)

* Ensure services are reviewed regularly for effectiveness.

# 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)(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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and/or representatives stated they felt respected by the volunteers and staff of the service, and none of the consumers identified a time with the service where they felt disrespected or unimportant. Staff demonstrated they know the consumers and the consumer preferences in relation to meal delivery. This was corroborated through review of the daily run sheet, corresponding with what the staff had reported. Staff and volunteers described how they treat consumers with respect, with consideration given to cultural identity and preferences of consumers.

Staff demonstrated their understanding of the requirement through explaining that as consumers age, they are at higher risk of social isolation, especially in rural towns which the service attends. For these consumers staff conduct phone welfare and social checks. Volunteers and staff stated they have not seen a consumer disrespected by other staff, and management stated that volunteers know consumers and consumer preferences well.

The service demonstrated that care and services are culturally safe. Consumers felt that the service and their staff know their previous life experiences and are sensitive to that when they conduct meal delivery.

Consumers and/or representatives stated they are supported to exercise choice and independence. Consumers are offered a range of fresh and frozen meals, they can collect the meals or have them delivered. Consumers stated they are offered to pay for the services in the way they like, or receive meals, how they like and can make changes. Consumers are also able to choose who they want involved in their care and services.

Consumers and/or representatives stated they receive information from the service in a timely matter and it is easily understood. Invoices are sent via email or delivered by the volunteers, according to consumer preference. This was seen documented on the electronic care management system.

Staff explained how they communicate with consumers who have sensory impairments or cognitive decline. Staff explained all meals are packed the same way every time and this consistent packing was observed onsite. Management stated consumers are provided with the client information pack which contains information about the service, and a menu which includes prices. The Assessment Team reviewed invoices which were clear, itemised, and easy to understand.

Consumers stated they feel that staff and the service respect their privacy. Staff explained when consumers commence services, they are asked who they want to be involved with their care and services and how they want the volunteers to complete their meal deliveries. This was observed documented on the electronic records system and the daily run sheet. Volunteers explained the run sheets are kept confidential and in their possession during service delivery, and once all meals are delivered, they are handed back to the office staff. Management confirmed the electronic records system is password protected and staff will log out of computers when they leave the office.

# 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 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. | Not Compliant |

Findings

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

The Assessment Team identified that assessment and planning does not consistently identify and address the consumer’s current needs, goals, and preferences. Documentation reviewed highlighted that forms are not consistently completed, and consumers goals are not always identified and documented.

The Approved Provider responded with additional documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(b) if found Non-compliant.

The Assessment team identified that services are not reviewed regularly for effectiveness. Documentation reviewed highlighted that the service does not have a system in place to ensure regular review of the effectiveness of services provided by the service.

The Approved Provider responded with additional documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(e) if found Non-compliant.

Consumers and/or representatives stated the service meets their expectations of a quality, nutritious meal. When consumers commence in the service, they complete a home risk assessment and inform the service of any relevant medical history. Staff explained when a consumer has a dietary allergy or intolerance this is documented in their file and on the prepared meals. Staff stated consumers are also offered an ingredients list to each fresh meal if they want to check the ingredients themselves.

Consumers and/or representatives stated they felt they were involved in the assessment, planning and review of their care and services. The run sheet was observed to have next of kin information when elected by the consumer, in the event of the consumer no responding to a scheduled delivery. The Assessment Team observed documentation from providers of care and services that are involved in the care of the consumer, for example, My Aged Care and Home Care Package providers.

Consumers and/or representatives were not aware of their support plans and stated they did not have a copy of their plan. However, all consumers knew the details of how many meals, and when they should receive them, indicating consumers understand the service which is provided to them. For the meal deliveries the service has a delivery run sheet. The delivery run sheet identifies the consumer, the delivery address, and any special instructions. Volunteers stated the delivery run sheet provides all the information they require, and they know consumer meal requirements because they check the consumer details and meal they are delivering.

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and/or representatives felt the service enables them to have a greater sense of independence as they do not need to rely on others to help with grocery shopping, transport, or meal preparation. Staff stated quality, nutritious meals are a priority for all consumers, while some consumers require their meals cut up.

Consumers reported they look forward to the social interaction when the volunteers deliver the meals, as some days it is the only person they will see. The service coordinator, management and volunteers all reported that welfare checks, and emotional and psychological support are important elements of their role. They said they regularly check in on consumers, especially those that live alone, and follow up with family or representatives when required.

Although the service does not have a vulnerable consumer register, they state they know each consumer well. Consumers stated the volunteers ask how they are going whilst dropping off meals and may update them on what’s happening in town. Staff and volunteers corroborated this occurs.

Staff and volunteers demonstrated how they know the consumer meal requirements, as they check the consumer details and what meal they are delivering on a daily run sheet. The run sheet also states how to enter the premises, and what to do if a consumer does not respond. On the meal lids it states dietary requirements and allergies, this corresponded with the chef’s consumers list.

Consumers who eat both frozen and fresh meals state they enjoy the meals supplied by the service. Consumers and/or representatives stated they enjoy the menu options, and the service is flexible to include consumer preference and dietary requirements when making meals.

Consumers and/or representatives feel the amount of food is suitable, additionally consumers can elect small or large servings. The Assessment Team found consumers don’t frequently tell the service what they like and what they don’t like. Consumers stated if they don’t like something they do not order it again, and the Assessment Team found consumers who notified the service of their preferences, had their preferences adhered to by the service.

Staff and volunteers are aware that consumers may feel uncomfortable making complaints or providing formal feedback about the food. The volunteers are trained to ask how the previous meal was and if given consent they may place a meal in the fridge and see if previous meal have been eaten. If the meal has not been eaten, the volunteers will ask the consumer if they enjoyed their meal or identify the barrier to the consumer eating the meals. This information is written on the run sheet and office staff are notified.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrates consumers are supported to provide feedback and make complaints. Consumers and/or representatives confirmed they have been provided with information and ways to provide feedback. Staff and management described how they encourage and support consumers to provide feedback and make complaints.

Client information packs include information on the external mechanisms to lodge a complaint. Management advised consumers’ preferred method of providing feedback to the service is verbal, and mostly over the phone or through conversations with the volunteers that deliver the meals. The Assessment Team observed the welcome pack containing information on how to provide feedback and the support available to do so if required.

Management stated consumers are regularly asked to provide feedback during reviews with staff and the consumer feedback survey. There is a feedback box in the office for volunteers, consumers, and staff to use if they would like to. The Assessment Team reviewed the organisation’s policy and procedures on feedback and complaints that outline steps to be taken to ensure complaints will be acknowledged, reviewed, investigated, and responded to in a timely manner.

Whilst some consumers were not aware of the advocacy and interpreting services available, all consumers said they are happy to manage their complaints with the service directly and that they feel safe and comfortable to raise their concerns with volunteers and staff. Information provided to consumers in the service information pack describe the internal and external complaints mechanisms and advocacy services and provide the contact information for these services. Staff were aware of the range of options available to support consumers if they require assistance to make a complaint.

Consumers and/or representatives stated the service responds to and resolves their complaints or concerns or when an incident has occurred. Management and staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaints data showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed.

Consumers and/or representatives stated they are satisfied the service listens to their views and the organisation is responsive to feedback and complaints. Management described complaints and the actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service.

Management said they identify continuous improvement opportunities through various avenues, including observations, feedback and complaints and that monthly board reports includes data from complaints and 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. | 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and/or representatives were satisfied with the staff and volunteers and said their needs and preferences are acknowledged. They confirmed they receive their ordered meal services, and that the volunteers and staff consistently arrive when expected. Staff and volunteers reported having adequate time and information to prepare and deliver consumers meals safely and efficiently.

Consumers and/or representatives stated the workforce is kind, caring and respectful of each consumer’s identity and diversity. When speaking with the Assessment Team, management and staff spoke about consumers in a kind and caring way and knew each consumer’s background well.

Volunteers and staff were able to describe strategies they use to make the consumer feel comfortable and respected when delivering their meals and performing welfare checks. The Assessment Team observed staff interacting with consumers throughout the site visit in a respectful manner.

Management and staff demonstrated they have the appropriate knowledge to conduct their roles satisfactorily. Consumers and/or representatives stated they believe the workforce is competent, however there was a period when ongoing issues were identified with a third-party supplier contracted to provide fresh meals. Staff, volunteers, management, and board members agreed that the supplier contracted to provide fresh meals was not consistent in preparing quality meals and the service opened its own commercial kitchen in response to consumer complaints. Since opening their own kitchen, consumers reported the meals have improved.

The Approved Provider responded with additional information.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(c) is found compliant.

The Assessment Team identified areas for improvement in relation to staff training and education.

The Approved Provider responded with additional information.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(d) is found compliant.

Management stated there is annual performance management and appraisal processes in place for paid staff only, however there is an informal performance monitoring and review process for volunteers which usually takes place verbally. Staff and volunteers reported they feel supported by management and other colleagues and are in regular contact with each other to discuss consumers, concerns or changes, work hours and any other areas of business.

The Assessment team reviewed completed performance appraisals and it included completed sections for identified strengths, areas for further development, and any other ways the role could be improved or streamlined.

# 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 |

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrated consumers and/or representatives are engaged in the development, delivery and evaluation of services and are supported in that engagement. Consumer and representative feedback confirmed the service is interested in their input into the care and services consumers receive, including through feedback pathways, speaking to staff, volunteers and management.

Consumers stated they were satisfied with the quality of the meals since July when the service opened their own commercial kitchen and said they have input as to how the service is delivered to meet their diverse needs. Management and staff demonstrated their understanding and provided examples of how they ensure ongoing consultation and feedback are sought from consumers and/or representatives.

The governing body is accountable for the delivery of a culture of safe, inclusive, and quality care and services and remains informed through formal governance, leadership and reporting pathways at the service level. The workforce demonstrates behaviours and values consistent with a culture of safe, inclusive, and respectful service delivery. Management provides monthly reports that include data from incidents, complaints and feedback and staffing levels to the management committee who are the governing body. The organisation uses this information to oversee the delivery of safe, inclusive, quality care and services.

The Board’s chairperson is on the governing board of the local hospital and brings a wealth of governance knowledge, experience and up to date regulatory information to her role with the service. The chair shared that the service is important to local community as it is more than a meals preparation and delivery service, it is also a welfare check. The welfare check includes environmental reviews, broad health assessment and social interaction.

The service has effective governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The organisation has established policies and procedures to guide information management, tailored to the respective roles. They ensure that information and updates are effectively communicated through established channels and regular meetings. The organisation also utilises electronic software programs to manage and communicate information. Staff have access to the necessary information to support care and service delivery. Electronic information is securely stored, with backup systems to ensure continuity of care in hard copy stored in the manager’s desk area.

A commitment to continuous improvement is delivered through a range of systems and processes, which include gathering input from consumers and staff, managing feedback and complaints, documenting incidents, and conducting audits. This is evident through the continuous improvement register and the board meeting minute notes, which the Assessment Team sighted.

The service has established financial governance systems and processes to handle the financial resources necessary for providing safe and quality services to consumers. Management maintains oversight of the service's income and expenditures, conducting regular reviews and discussing these matters in monthly management meetings. Additionally, they address financial concerns during quarterly meetings with the board of executives. Any unspent funds are routinely reviewed and set aside for future planning purposes.

The organisation ensures compliance through subscriptions and regulatory updates by the Manager and Board Chairperson. Policies are reviewed as needed and Management advised they are in the process of being reviewed.

The organisation has a risk management framework and policies and procedures to guide staff and management practices in identifying and responding to risk. Incidents are recorded in an Incident Management System and management demonstrated how incidents are assessed, followed up, resolved, and escalated as appropriate. Incident data is analysed and used to inform continuous improvement practices and prevent reoccurrence.

Management could describe the high impact or high prevalence risks associated with the consumer cohort. Vulnerable consumers are known including consumers who live alone and have declining cognitive. Changes in consumer wellbeing or identified deterioration is recorded with prompt communication with the consumer and/or their representative.

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