**Performance**

**Report**

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| Name: | Queanbeyan Meals on Wheels Food Service |
| Commission ID: | 200462 |
| Address: | 138-140 Monaro Street, QUEANBEYAN, New South Wales, 2620 |
| Activity type: | Quality Audit |
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| Performance report date: | 14 November 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8059 Meals on Wheels Queanbeyan Inc  
Service: 23800 Meals on Wheels Queanbeyan Inc - Community and Home Support

**This performance report**

This performance report for Queanbeyan Meals on Wheels Food Service (**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.

# 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 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

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

All Requirements are found compliant with Quality Standard 1 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Capturing consumer’s identity and culture and respecting and valuing consumer’s identity

The service has a consumer rights policy which outlines the process to treat each consumer with respect and seek to understand different needs, values and beliefs, and how services can be delivered to respect these points of view.

Furthermore to the above, the Assessment team reviewed twelve consumer files which consistently included personal information such as country of birth, relationship information, preferred language spoken, interests and goals, and when speaking with staff and volunteers it was evident that they were aware of this information about consumers.

Ensuring that care provided to consumers is culturally safe

The service has a consumer rights policy which indicates that different consumers have varied cultural and linguistic needs and outlines the process to follow where this occurs.

The food services/administration officer and management said that they do not currently provide services to any consumers that have specific cultural needs or requirements, however, described some general processes to follow if this was required. They noted that there have been consumers who have received deliveries within the last 12 months with specific requirements.

The Assessment team observed phone calls with consumers in regional and rural areas occurring with staff where region history and events were discussed.

Supporting consumers to exercise independence when making decisions about their care and supporting them to involve family members or others in their decisions

The food services/administration officer and management could describe the methods they employ to encourage and promote consumer decision making and encouraging communication with consumers. For instance Consumers are supported to make orders and receive deliveries in the way that works for them. For instance, some consumers may receive a weekly delivery of multiple meals, and others may receive one meal delivered daily.

Supporting consumers to take risks to enable them to live their life the best they can

The service has a consumer dignity, autonomy and choice policy that outlines the dignity of risk process for staff to follow. It states that consumers must be informed about risks and consequences and encouraged to be independent and empowered to make their own choices.

The services that consumers receive demonstrate how they are supported to remain living at home and how they are encouraged to do things independently. For instance, the food services/administration officer said that their aim is to not deter consumers from doing anything they wish to do or making their own decisions. They provide as much flexibility as possible to allow consumers to live their lives independently and choose when to engage with services.

Providing information that is current, accurate and timely, and ensuring it is communicated in a way that consumers understand

Consumers described how service staff consult with them about their needs, preferences and services and said that they did so in a way which was easy to understand. For instance, the food services/administration officer said that information is provided to consumers in a way that is easy for each person to understand. For example, a consumer is provided an A3 menu that is easier for them to view due to their vision impairment.

All intake and assessment processes are completed face to face rather than by phone, to provide information to consumers and explain thoroughly, as well as answer any questions. This also allows for family or representatives to be present and involved that can assist with understanding information.

Respecting the privacy of consumers and ensuring personal information is kept confidential

Consumers interviewed said that they feel their privacy is respected. For example:

* A consumer said that volunteers always ask their permission before they enter their house to make deliveries and will check it is okay with them if workers open the freezer to put the meals away. The consumer said they appreciate that workers give then that choice.

# 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

All Requirements are found compliant with Quality Standard 2 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Considering risks to the consumer’s health and well-being in assessment and planning processes, and ensuring it informs the delivery of safe and effective services

The food services/administration officer and management said that the assessment process is completed face to face to build rapport with new or potential clients, to get to know the person better and to explain services effectively. They also said that they will take a sample of a main and mini meal to the assessment for the consumer to try, and that this has been received positively. The outcomes of the assessment are documented in a support plan, which includes sections for the following:

* Medical history, risks, allergies (including to food), dietary requirements or preferences.
* Current needs, goals and preferences, including for payment method and delivery day and time.
* Cultural requirements or any other special needs group requirements.
* Non-response to a scheduled visit procedure, personalised for each consumer.

Identifying and addressing consumer’s current needs, goals and preferences in the assessment and planning process

Consumers said that they feel that the service takes their preferences and needs into consideration while providing their services. All consumers said they are satisfied with how their services are delivered. For example, a consumer said that the meal deliveries have assisted them in their daily life greatly and their current needs are met. In addition, the consumer said that the staff and volunteers asked about their needs with oxygen during the assessment and will always check up on them to see if anything has changed when they made their order or receives their delivery.

Completing assessments in ongoing partnership with the consumer and others and including other organisation and providers of care that are involved with the consumer

The Assessment team reviewed several consumer files which confirmed that the assessment process is completed in partnership with the consumer and their representatives, where requested. All files had a support plan that was signed by the consumer and the Charter of aged care rights was also present which was signed.

Management said there are several consumers who receive a home care package through external providers and continue to receive services from MOW. Management said they always contact the provider to obtain the coordinator or case manager’s contact details and discuss consumer’s needs and preferences wherever it is required.

Communicating the outcomes of assessment and planning to the consumer and providing a support plan to them

All consumers interviewed said that they are aware of the services that they can access and how they can communicate needs, goals, and preferences to staff, and when they might change. Consumers said they were provided a hard copy of their support plan after the initial assessment, which they said was signed by either them or their representative.

The Assessment team reviewed several consumer support plans which evidenced that they were completed in partnership with the consumer, were signed and dated and discussions with consumers had occurred, as shown in the system comments.

Reviewing services regularly for effectiveness and when consumer’s circumstances change

All consumers said that they think their current services meet their needs and are satisfied with the level of support that they receive. Consumers said that staff regularly call to check in on if their services still meet their needs.

A sampled consumer said they were contacted around four weeks ago to review their services and ensure their needs and preferences are still being met. The consumer said that everything ran smoothly.

# Standard 3

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| Personal care and clinical care | CHSP |

Findings

The service does not provide clinical or personal care and therefore this Standard was 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 |

Findings

All Requirements (apart from 4(3)(g) which was not applicable) are found compliant with Quality Standard 4 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Providing safe and effective services that meet the consumer’s needs, goals, and preferences, and optimising their independence, health, well-being and quality of life

The Assessment team reviewed several consumer files and support plans, all of which indicated that their goals were discussed with staff and recorded in the support plan. All consumer needs, preferences and dietary requirements are recorded and shared with staff and volunteers where appropriate. For example:

* A consumer’s support plan recorded dietary preferences, including no mushrooms. Instructions for volunteers included leaving meals in the freezer on the consumer’s preferred location of the home, which included evidence of this being discussed with the consumer and their representative.

Promoting consumer’s emotional, spiritual, and psychological well-being through the supports provided

A volunteer said that they regularly deliver to the same consumers and know what their usual disposition or mood is. The volunteer said they know to look out for any mood changes when they make deliveries and report any changes to the office staff for follow up. They said that any useful information in relation to these checks may also be present on the run sheets they receive at the beginning of the day.

The Assessment team reviewed several consumer files of consumers identified as more vulnerable by management. They included evidence of conversations and welfare checks undertaken when concerns were identified.

Assisting consumers to participate in their community, have social and personal relationships, and to do the things of interest to them

Management said they encourage consumers to participate in their community and build relationships the best they can in the context of their provided services. The service sends out a bi-monthly newsletter that includes information such as raffles, groups in the area that may be of interest, reserve the dates for upcoming events, such as the 70th Anniversary MOW open day.

Management also said that they organise a Christmas event every year for consumers and volunteers to attend if they choose and will also organise transport for select consumers to attend, if it is required.

Volunteers said that if they notice a consumer is socially isolated, or consumers say they are feeling lonely, they will report this to management for follow up. Management said in these circumstances, they will follow up with family or representatives and encourage connection to local community groups or events, such as older person’s day centres or social groups.

Effectively communicating information about the consumer’s condition, needs and preferences within the organisation, and with others where services are shared

Consumers interviewed said that staff and volunteers know about their preferences, and they don’t have to repeat information or instructions when speaking to them. Management, the food services/administration officer, and volunteers interviewed were aware of how to access information about consumer needs and preferences and how to share the information with others. The Assessment team reviewed multiple volunteers run sheets for both local and regional runs.

Completing informal timely and appropriate referrals to other organisations

Management said that it is rare that the service will make formal referrals to other organisations or providers of other care and services, however, will aim to educate consumers about what services are available to them, in case they require additional support in future.

Informal communications with a local social group operated by Goodwin Aged Care for consumers who are looking for more community or social support.

Providing meals that are varied, and of suitable quality and quantity

Consumers expressed satisfaction in the quality and quantity of meals served and are offered choice and preference in meal options. Consumers said that staff and volunteers regularly ask them for their preferences in meal size and their selections.

The Assessment team reviewed the meal selection form, which included a menu of a range of items as listed above, and preference for portion size. It also included options for dietary requirements and preferences such as vegetarian, gluten free and low salt.

# Standard 5

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| Organisation’s service environment | CHSP |

Findings

The service does not offer a physical service environment and therefore 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

All Requirements are found compliant with Quality Standard 6 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Demonstrating consumers are encouraged and supported to provide feedback and make complaints

All sampled consumers said they did not have any concerns about the service and have not needed to make a complaint. They said they know how to provide feedback or make a complaint and felt comfortable contacting the service and speaking with the manager of food services administration officer should they need to.

Management described how the service supports consumers and their representatives to make complaints and provide feedback informally by speaking with consumers face to face and on the phone and more formally, using satisfaction surveys.

The Assessment team sighted the ‘client satisfaction survey’ template and results for 2022 and the information pack containing information on how to provide feedback to the service and about other methods for raising and resolving complaints, for example, the Aged Care and Safety Commission.

Providing awareness of advocate groups and other methods to raise complaints

The service demonstrated that consumers and their representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The service ensures that all clients are made aware that they can have an advocate to assist them in understanding or managing services provided. They network with an advocacy organisation supported by NSW public health, and have in the past with consent from the consumer made one of these referrals for a vulnerable consumer.

When things go wrong, appropriate action is taken to respond to the complaints using an open disclosure process

The Assessment Team interviewed 20% of consumers who had received the meal delivery service consistently over the past month and they overwhelmingly said they have no complaints about anything about the services they receive.

However, the service did not evidence a recording tool (filled in by hand or using a computer) as written in the complaint and feedback policy and therefore did not demonstrate that staff and or volunteers are consistently recording all feedback and complaints.

The Assessment team raised this with management who acknowledged feedback recording is an area for improvement and they implemented an action plan while the Assessment Team was onsite, including an action on the continuous improvement plan to create a recording tool to capture feedback. I therefore find this requirement remains compliant due to the service’s quick remediation action while the Assessment Team were on site.

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

Consumers interviewed provided examples of feedback they had provided that resulted in a change of meals. For example, a consumer said they was asked if they wanted to try the mini sized meal however, they preferred the standard size meals.

Collective feedback from the 2022 consumer survey resulted in training staff undertaking intake and assessment with consumers, to ensure consumers understood information in their client support plan. This demonstrates an example of improvements at the service as a result of feedback received.

# 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

All Requirements are found compliant with Quality Standard 7 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Demonstrating the workforce is planned, recruited, trained, equipped and supported to deliver the outcomes required by the Standard in a kind, caring and respectful way

Consumers interviewed said they always received their meals on the day and time they are expecting them.

The manager advised they have an active pool of 45 volunteers and more recently have had to put new requests for volunteering on hold so that they can keep current, volunteers active on their preferred shifts. They explained how they co-ordinate meal delivery services versus volunteer hours of availability. The volunteer roster is developed in 3 monthly blocks which goes out about 4-6 weeks in advance to ensure volunteers have lots of notice to let us know if they aren’t available.

Consumers interviewed provided positive feedback in relation to their interactions with the two staff and volunteers. They described in various ways how the staff and volunteers are kind, caring, respectful and helpful. One consumer said they normally do not like to talk to people but from the start, staff made her feel at ease.

The Assessment team observed documents to guide kind and respectful volunteer interactions.

The food services administration officer stated they know their role and responsibilities which include managing the day to day finances of the service, consumer monthly statements, and they have a background in finance. They said they are confident in using the electronic financial system and in cash handling procedures. They have received training in the intake and assessment and planning with consumers.

Consumers said they have confidence in the staff and volunteers and they know what they are doing.

Volunteers interviewed could describe the process of how to carry out their work and what ‘good’ looked like at this service.

The service demonstrates that regular assessment, monitoring and review of the performance of the two paid staff and volunteers is undertaken. For example, volunteers reported receiving regular, ongoing informal feedback from the manager. The manager said they receive informal feedback from the Committee at regular meetings and more formally through an annual performance review.

Management advised feedback and complaints from consumers regarding the workforce/volunteers is captured informally through monthly welfare checks and by annual client satisfaction surveys. They said they haven’t had negative feedback regarding volunteers however if they did they would provide training and support to them.

# 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

All Requirements (apart from 8(3)(e) which was not applicable) are found compliant with Quality Standard 8 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Demonstrating they are accountable for the delivery of safe and quality meal delivery services

All consumers interviewed considered the service is well run. Furthermore, the service demonstrated it seeks input from consumers through feedback processes, informally through regular face to face contact and formally through consumer satisfaction surveys or when new services are being trialled.

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

The president of the Committee described the information provided to the governing body by management supports the oversight of the delivery of quality service delivery. For example, the manager reports information about feedback, complaints, incidents, finance, training of the workforce and building maintenance.

Management advised as a result of the most recent incident where a consumer had a fall, the volunteer duty statement has been updated to include the process for responding to and reporting incidents and a new document (Client Emergency Agreement contact) has been added to the consumer support plan.

The Assessment team observed:

* AGM/Committee Meeting minutes and the manager’s report demonstrating risks to consumers are discussed.
* Accident/Incident reports completed and forwarded to management
* The Volunteer duty statement listing the process of reporting incidents

Has governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints

The service demonstrated effective information management systems and processes to enable continuous delivery of services to its cohort of consumers. For example, the majority of consumers interviewed said they prefer to telephone the service when they have an enquiry or want to change meal delivery times, and the Assessment Team observed staff manage telephone coverage during business hours.

Regarding continuous improvement, management described the introduction of a freezer monitoring application, accessible on their mobile phone. They said this technology allows for staff to set temperatures to low and high points, and if outside of range, a notification is sent to the app on their mobile and does not go away until actioned.

The service has regulatory compliance systems and processes to ensure the service is complying with regulatory requirements and guidelines.

The service has systems to ensure they comply with reporting requirements associated with CHSP funding and COVID-19 vaccinations of the workforce.

While the service demonstrated it supports consumers to provide feedback it did not have a system in place to record feedback. However this was rectified onsite. See standard 6 requirement (a).

Management were able to describe how feedback and complaints are reviewed to improve the quality of services. Refer to Standard 6.3(c).

Volunteers were able to describe the process of reporting feedback, that is informally to the manager or food services administration officer.

Demonstrating effective risk management systems and practices

Management stated key risks to the organisation include, power failure, resulting in loss of stock/meals, bushfires and floods with the impact on consumers being they may not receive meal deliveries. Meal deliveries are up to 90 minutes away.

However, the service has measures in place to ensure continuity of services. For example:

* The purchase of new cooler bags.
* Electrical maintenance to check power systems, resulting in additional power points on different circuits to reduce power overload.
* Creation of a risk management plan, currently in draft, tabled for the next committee meeting in October 2023 for consideration/endorsement.

The Assessment Team sighted the service’s risk management plan which includes a risk analysis in case of floods and bushfires and controls in place to mitigate these risks. For example, contact with local health and emergency services to have a plan to ensure clients that urgently need meals have access.

With respect to Identifying and responding to abuse and neglect of consumers, the Assessment Team observed information pertaining to the Serious Incident Response Scheme (SIRS) is available at reception. Volunteer handbook, duty statement, includes incident reporting guidance. The organisation’s Abuse policy updated May 2023 to include reference to SIRS.

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)