**Performance**

**Report**

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| Name: | Queensland Meals on Wheels Services |
| Commission ID: | 700475 |
| Address: | 16/27 South Pine Road, BRENDALE, Queensland, 4500 |
| Activity type: | Quality Audit |
| Activity date: | on 4 April 2024 |
| Performance report date: | 3 May 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: 8303 Queensland Meals on Wheels Services Association Incorporated  
Service: 27027 Queensland Meals on Wheels Services Association Incorporated - Community and Home Support

**This performance report**

This performance report for Queensland Meals on Wheels Services (**the service**) has been prepared by Jodie Earnshaw, 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 15 April 2024
* other information known to the Commission.

# 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

Consumers and representatives reported consumers are treated with dignity and respect and described feeling accepted and valued. Consumers and representatives reported services are delivered in accordance with what is important to them and their cultural preferences.

Staff and volunteers demonstrated knowledge of consumer background and how they show respect consumer preferences. Management described, and training records demonstrated how staff and volunteers are guided by the service’s code of conduct policy, which is provided to staff and volunteers as part of the orientation and annual training program.

The service demonstrated consumer’s cultural needs and preferences are supported when providing meal services. Staff demonstrated awareness of culturally safe services, and what this means in practice. Cultural awareness training is provided to staff and volunteers.

Consumers and representatives reported the service involves them in making decisions about the meal services consumers receive. Staff and management described how they support consumers and their representatives to exercise choice and make decisions about services through the assessment and planning process.

Consumers and representatives reported the service supports and respects consumer choices. The service has policies relevant to this standard, accessible to staff, and staff demonstrated how consumers are supported to make choices and decisions, including making decisions related to informed risks in line with the procedure outlined in the service dignity of risk policy.

Consumers and representatives said they receive current and up to date information in a way they understand. The service demonstrated information provided to each consumer is current, accurate and timely. Staff and management described how they provide information to consumers at the commencement of services and regularly provide a range of information including, a client handbook, monthly statements, and newsletters.

Consumers said the service has informed them on the collection and use of their personal information and expressed their confidence in the organisation protecting their privacy and confidentiality. The service demonstrated it has effective systems in place to protect consumers’ privacy and personal information. Staff and volunteers demonstrated an understanding of their responsibilities in maintaining privacy and confidentiality of consumer information, including ensuring the delivery information and consumer address details, is secured at all times in delivery vehicles.

I have considered the assessment team report and the approved provider’s response. Based on the information summarised above I am satisfied this Standard is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | 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

Consumers and representatives said consumers receive meal services that meet the consumers' needs, and they are involved in assessment and planning processes. Documentation showed consumers participate in assessment and planning including the involvement of others as required.

Care planning documentation confirmed that consumer Information informs a safe and effective meal delivery service plan, which is reviewed annually or more frequently when consumer needs change.

Staff and volunteers demonstrated an understanding of assessment and planning processes and provided examples of how they monitor, escalate and update changes in consumer health and well-being. Consumers reported the current meal service they receive meets their needs, goals and preferences, including consumers with food allergies, intolerance, dietary and delivery preferences.

Care documentation demonstrated, and consumers reported others are involved in assessment and planning of their meal services as they may choose.

The service has policies and processes available to guide staff in assessment and care planning processes.

The service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes in the consumer’s health condition or personal preference occur. Consumers and representatives confirmed the service supports them when changes occur, and staff described how they identify and escalate changes in consumer health, well-being or preferences.

I have considered the assessment team report and the approved provider’s response. Based on the information summarised above I am satisfied this Standard is compliant.

# 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. | Compliant |

Findings

Consumers and representatives said the service supports consumers to maintain their independence and is flexible and accommodating of consumer preferences and needs.

Staff described how consumers are supported to maintain their independence and how the meal delivery service is tailored and modified regularly to support the individual consumers' needs and preferences.

Care documentation includes information relating to meal service which are identified through assessment of consumers’ needs and preferences.

Consumers are provided safe and effective meal services which supports and meet consumers’ preferences and promote consumers’ emotional, spiritual and psychological well-being. Including providing meal services that meet particular religious requirements.

Consumers provided positive feedback about staff and the meal services delivered to meet their needs, goals and preferences.

Care documentation evidenced consumers’ preferences in relation to meal service delivery and is incorporated into their service and delivery documentation.

Individual consumer needs and preferences are documented to guide staff in supporting consumers to maintain their interests and social relationships by having flexibility in meal delivery services.

The service has processes in place to ensure information about the consumer’s needs and preferences are communicated within the organisation and with others as appropriate. Staff advised and documentation confirmed that detailed, up to date consumer information is available via the electronic care system and delivery documentation.

Whilst the service does not routinely undertake referrals to other organisations, the service does facilitate access to additional services to supplement supports and services for daily living.

Consumers and representatives are satisfied with the quality, quantity and variety of meals. Consumers’ goals and preferences in relation to meals and their chosen services are documented in their care and services documentation. The service has policies and procedures to guide staff in food service practices and meal delivery services.

I have considered the assessment team report and the approved provider’s response. Based on the information summarised above I am satisfied this Standard is compliant.

# 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 representatives described avenues available to them to raise a complaint or to provide feedback and said they feel comfortable to do so.

The service demonstrated there are various opportunities for consumers to provide feedback and raise a complaint. The service provides an information pack to consumers which includes information about how to provide feedback, raise complaints and how to access external agencies to support them with language services, and advocacy services.

The service maintains feedback and complaints registers and has a Feedback and Complaints management policy to guide staff practise. The service demonstrated appropriate action is taken in response to complaints and consumers and representatives stated they are satisfied with how the service handles feedback and complaints. Consumers and representatives expressed satisfaction with actions taken by the service in response to complaints.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers described how services have improved after a complaint was raised.

I have considered the assessment team report and the approved provider’s response. Based on the information summarised above I am satisfied this Standard is compliant.

# 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

Consumers and representatives stated consumers receive quality services, from staff who are kind, caring, respectful, and are not rushed. Staff said they have sufficient time to deliver quality services to consumers.

The service has workforce management processes, including workforce planning, recruitment, and performance monitoring processes, to ensure there is a sufficient and competent workforce to deliver safe and quality services to consumers.

The service ensures staff are recruited with the appropriate qualifications and staff felt supported to improve their knowledge and skills through ongoing training, including on key elements of the Quality Standards and relevant food safety standards.

The workforce is competent, and members of the workforce have the qualifications to perform their roles effectively. Staff were able to demonstrate the knowledge to effectively perform their roles and consumers expressed confidence in staff competency.

Systems are in place to regularly assess, monitor and review staff performance. Staff are required to undertake performance appraisals annually. Feedback from consumers and representatives and staff inform performance management requirements when there is an identified need for improvement. Staff confirmed they are regularly engaged in their performance reviews.

I have considered the assessment team report and the approved provider’s response. Based on the information summarised above I am satisfied this Standard is compliant.

# 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

Consumers said they have the opportunity to provide feedback on services and expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their needs.

The service demonstrated how consumer feedback is sought, and how this feedback informs the design and delivery of services.

A Board oversees the service’s performance and the quality of services provided. The service demonstrated governance processes are in place to ensure the governing body is accountable for the delivery of safe and quality services.

Consumers and representatives are encouraged and engaged in the development, delivery and evaluation of services.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. The service has policies and procedures in place to guide staff across the governance systems and staff confirmed they have access to information to guide how they deliver services.

Continuous improvements are identified through various mechanisms including feedback and complaints received. The organisation has frameworks and policies to manage risk and respond to incidents.

Management and staff were able to describe, and the incident management system demonstrated, how incidents are managed and documented and how the service identifies, responds to and reports incidents.

I have considered the assessment team report and the approved provider’s response. Based on the information summarised above I am satisfied this Standard is compliant.

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)