Performance

Report

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| Name of service or service group: | Performance report date: |
| Sherwood District Meals on Wheels Inc. | 14 July 2022 |
| Commission ID: | Activity type: |
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| Home Service Provider: | Activity date: |
| Sherwood District Meals on Wheels Incorporated | 18 May 2022 to 20 May 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Sherwood District Meals on Wheels Inc (**the service**) has been prepared by J ZHOU delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Services included in this assessment

**CHSP:**

* Meals, 4-7ZFFHMZ, c/ Oxley Bowls Club, 24-30 Englefield Road, OXLEY QLD 4075

# Material relied on

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

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s responses dated 9 and 10 June 2022 to the assessment team’s report.

# 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 | **Non-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 | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

The provider of this service is to ensure that:

* 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.
* 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.
* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.
* The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Effective organisation wide governance systems relating to the following:
  + information management;
  + continuous improvement;
  + financial governance;
  + workforce governance, including the assignment of clear responsibilities and accountabilities;
  + regulatory compliance;
  + feedback and complaints.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers and representatives interviewed confirmed they are treated with dignity and respect from all staff and they felt their identity, culture and diversity is valued. Consumers and representatives interviewed, expressed in various ways, their satisfaction with the meal delivery service as the time saved from making meals allows them to retain their independence and maintain relationships which are important to consumers. Consumers and representatives said they receive information to enable them to make decisions about meal services.

Staff were able to demonstrate an understanding of what it means to be respectful and provide dignity to the consumers they provide meals to. Staff interviewed described how current consumer information is accessed to enable them to deliver safe and effective meal services. Staff interviewed described how consumers privacy is respected and described how consumer information is secured.

The service demonstrated its invoicing system which was clear and accurate. That explanations are provided to consumers on how to read invoices in addition to being available to discuss any invoicing concerns.

The service also demonstrated consumer information is protected and personal privacy is respected.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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. | Non-compliant |
| 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 |
| 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 |
| 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 |
| 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. | Non-compliant |

## Findings

The Assessment Team recommended that three of the five requirements are compliant because overall, sampled consumers say they are happy with the service they receive, they are involved in the planning of the service they receive and that it meets their current needs, goals and preferences. That they were partners in their assessment and planning of their care needs and the service communicated outcomes to them.

However, two of the five requirements were not compliant.

Firstly, the evidence showed inconsistency with how the service was identifying and recording risks to consumers health, safety and wellbeing throughout all its assessment and planning documents. As such, the current assessment and planning material is not fulsome enough to inform the delivery of safe and effective care and services. For instance:

* One consumer was identified on the client list provided to the Assessment Team as having ‘advanced dementia’ however this is not identified in electronic records or on the run sheet.
* Another consumer has a dated note that they experience cognitive decline however not on run sheet or electronic records
* One consumer was identified to the assessment team as having a language barrier however this is not identified on the run sheet or in electronic records.
* Several consumers were both identified to the Assessment Team as being ‘hard of hearing’ however this is not identified in any client documentation.

Secondly, the service does not undertake a formal review of services at least once every 12 months in line with the CHSP guidelines and the Compliance Manager confirmed annual reviews have not been undertaken and said this has been identified as a ‘gap’ prior to the Quality Review being undertaken. The service was therefore unable to demonstrate care and services are reviewed at regular periods or that it has in place a process of review and reassessment when consumer circumstances change.

The provider accepted the Assessment Team’s views during the site audit. Following the team’s report, the provider’s written response to these two deficient areas were:

* That risk questions appear in their client review form and a risk assessment of the consumer’s home environment t is now implemented during the client intake process.
* That going forwards, reviews will be undertaken regularly from July 2022 or as per client requirements.

It is noted that the provider responded proactively to the assessment teams’ findings and planned/already implemented some corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements. As such, I am unable to make a finding of compliance against these requirements.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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 |
| 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 |
| 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 |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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 |

The service does not provide personal or clinical care, this Standard does not apply.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

## Findings

The Assessment Team interviewed a range of consumers to assess their customer experience and interviewed the service staff to establish how supports optimise consumer independence for daily living.

Overall sampled consumers shared positive experiences and explained how they receive services for daily living that are important for their health and well-being which allow them to live as independently as possible. For this service, this means consumers are delivered meals according to their needs, goals and preferences. The service was also aware of external agencies who they know to call on when referrals to their services are necessary.

The workforce gave examples of how the meal delivery service is tailored to support the individual consumer, for example if a client is not home, the coordinator may deliver the meal at a later time. Documentation demonstrates individual preferences in relation to the meals and the delivery of those meals is available to the staff and volunteers. Furthermore, service documentation evidenced embedded policies and procedures designed to support service staff in delivering meals according to the consumer’s preferences.

Consumer meal choice and the delivery details are recorded and made available to all service staff.

The service demonstrates an understanding of what is important to consumers and how the provision of a flexible service promotes the well-being of the consumer. The administration officer spoke about a new consumer and how they are anxious, telephoning the service each day; the Assessment Team heard the consumer being reassured during one of these calls.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 |
| 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 |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

## Findings

The service does not provide a physical service environment. This standard does not apply.

**Standard 6**

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

## Findings

Based on the evidence gathered by the Assessment Team, there were deficiencies with the service’s ability to meet the requirements of this standard.

Requirement 6(3)(a)

The service did not demonstrate they actively support consumers to make effective complaints, particularly for consumers who may have barriers to communicating, require an advocate or wish to access the external aged care complaints service. There was no evidence that consumers are fully informed of the complaints process and what they can expect from the organisation should they wish to make a complaint. Written information is not provided describing the range of methods available to consumers to lodge a complaint and relevant contact details, an outline of the complaint’s management process, how the consumer would be involved in seeking resolution nor how to escalate their concerns to management if they are not satisfied with the service’s response. There was no evidence that consumers are informed how they may make an open, confidential or anonymous complaint and how each of these would be handled.

Examples of feedback, both positive and negative were sighted on the consumer record, however this does not feed into an overarching feedback and complaints management system.

Requirement 6(3)(b)

Consumers/representatives interviewed were not aware of other methods for raising and resolving complaints nor how to access the external aged care complaints service. There was no evidence that consumers are provided with information in order to contact professional advocacy services, language or communication support services, such as OPAN (Older Person’s Advocacy Network), National Relay Service or TIS National (Translating and Interpreting Service) should they requires such assistance in providing feedback to the service or making a complaint.

Requirement 6(3)(c)

The service did not demonstrate application of a best practice complaints management system in managing and resolving complaints, including negative feedback from consumers. The service does not have policies in place in relation to open disclosure and training has not been provided in relation to complaints management or open disclosure. there was no evidence that issues raised, and action taken is consistently documented and reported to management or that follow-up training occurs to prevent recurrence. Management acknowledged this is an area for improvement and feedback and complaint record keeping may be centralised to provide oversight.

Requirement 6(3)(d)

The service did not demonstrate that complaints and negative feedback received are effectively captured, reported, reviewed and analysed or used to improve the quality of services for consumers. There was no evidence of a system in place to collate feedback and issues raised by consumers to provide oversight by management. While there is a complaints management policy in place, management, staff and volunteers did not demonstrate a shared understanding of what constitutes negative feedback and/or a complaint, nor how feedback and complaints should be documented and reported. The feedback and complaints policy describes the process which should be followed; however this was not evidenced in practice. While the service conducts consumer satisfaction surveys, the feedback provided by consumers as part of the survey is not used to improve service quality. For example, review of the 2021 survey shows 13 consumers participated and a reoccurring topic was the consumer’s dissatisfaction with the variety of meals on offer. However, there is no evidence that the management has proactively actioned the feedback that they have received to improve the quality of services.

The provider accepted the Assessment Team’s views during the site audit. Following the team’s report, the provider’s written response is summarised as follows:

* Clients will be provided information on how they can provide feedback and complaints. They will be provided the relevant policy and procedure and other materials. Consumers will be encouraged to provide regular feedback and suggestions.
* From July 2022, a client review form will be sent out providing consumers the opportunity to inform the service of any concerns and suggestions for improvement.
* Management will capture and analyse this information before reporting to the board.
* Information on access to advocates and language services are now included in the clients and carer’s booklet 2022.
* HR & Compliance Coordinator along with the General Manager will oversee the capture of complaint and feedback data and suggested solutions to the problems identified and report it to the board.

While it is noted that the provider responded proactively to the assessment teams’ findings and planned/already implemented some corrective action, it will take time for processes to be fully embedded before improvements are realised. At the time of the quality review, the service was not able to demonstrate compliance with the requirements of this standard. As such, I am unable to make a finding of compliance against this standard.

**Standard 7**

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| Human resources | | CHSP |
| 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 |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

## Findings

The Assessment Team recommended that two of the five requirements are complaint because overall, the service demonstrated the workforce is planned and deployed to support continuity of service delivery. Consumers/representatives interviewed confirmed they receive their meals as agreed and on time as expected.

Consumers/representatives confirmed they feel respected by staff and volunteers who are kind and caring and who are understanding of their individual circumstances. The service demonstrated the workforce interacts with consumers in a kind, caring and respectful way and treat each consumer as a unique individual.

However, the Assessment Team identified the following deficiencies:

Requirement 7(3)(c)

Management did not demonstrate they understand their responsibilities and accountabilities in relation to the CHSP program and the requirements for managing the delivery of quality care and services. The compliance/human resources officer has been in the compliance role for 8 months and absorbed the human resources role two weeks ago; their previous experience includes an aged care human resources role.

While the service demonstrated some members of the workforce received hands on training in relation to food safety, there was no evidence to demonstrate this had occurred for all volunteers involved in meal preparation and delivery. Volunteers interviewed confirmed they had received training by experienced volunteers and the service coordinator on commencement, however acknowledged no further training had been provided since that time.

Requirement 7(3)(d)

There is no process in place for identifying the training needs of staff and volunteers relevant to the Commonwealth Home Support Programme and the Quality Standards. Staff and volunteers training records were not able to be provided by the service during the quality audit. Management did not demonstrate an understanding of the contents of the CHSP Program Manual and the Living Well at Home – CHSP Good Practice Guide in order to meet the requirements.

Requirement 7(3)(e)

As a whole, the organisation did not demonstrate the performance of the workforce as a whole is reviewed to identify training, education and further development needs in order to meet the CHSP program requirements and the Quality Standards. There was no evidence the organisation uses performance assessments to review workloads, duties and responsibilities and work out training needs in order to maintain the overall ability to provide a safe quality service. Management advised they have regular informal chats with volunteers to check how they are going in their role, and during Christmas functions and morning teas twice a year, although this has been interrupted by the COVID-19 pandemic.

The provider accepted the Assessment Team’s views during the site audit. Following the team’s report, the provider’s written response is summarised as follows:

* The current workforce will be invited to attend online training sessions regarding the Quality Standards from 13 July 2022 onwards.
* Management is requesting staff provide updated first aid certificates or to obtain one and provide evidence.
* Training on cultural safety, elder abuse, incident management, dementia training, food standards will be made available in the future
* Performance reviews for staff will commence from September/October 2022 and reviews will fall due. The reviews will identify individual training needs and suggestions for improvements.

While it is noted that the provider responded proactively to the assessment teams’ findings and planned/already implemented some corrective action, it will take time for processes to be fully embedded before improvements are realised. At the time of the quality review, the service was not able to demonstrate compliance with the requirements of this standard. As such, I am unable to make a finding of compliance against this standard.

**Standard 8**

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| Organisational governance | | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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. | Non-compliant |
| 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. | Non-compliant |
| 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. | Non-compliant |
| 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

It is noted that the service incorporated with 11 other Meals on Wheels Services and are working through the challenges presented by the transitioning stages of the amalgamation.

This is evident by the Assessment Team’s findings that consumers are engaged in the development, delivery and evaluation of their services and are supported in that engagement. Consumers expressed satisfaction with the quality of the service and gave examples of where they have provided feedback to the service, including through consumer satisfaction surveys. This evidence demonstrates that the first requirement in this standard is complaint.

However, while information and data are provided to the Board through governance systems and processes, the Board does not always receive the information it needs to identify risks to aged care consumers and drive improvements to ensure the delivery of safe and effective care and services.

The service completed a self-assessment against the Quality Standards prior to the quality audit, however there was no evidence that improvements identified through that process feed into a plan for continuous improvement. The service submitted a plan for continuous improvement to the Commission prior to the quality audit, however this was dated 2021 and listed one item being the COVID-19 emergency plan with the completion date noted as ongoing; no improvements to service quality were documented.

Staff attending other services within MOWBS advised they have noted how records systems are managed differently and have identified improvements and have raised this with the general manager who has a plan for continuous improvement in place. The Board member interviewed provided, as an example, a copy of the service’s previous continuous improvement plans dated 2018 and 2019. It was acknowledged this was prior to the amalgamation and did not reflect the service’s current situation. Staff and management advised that an improvement plan is held by the general manager however they were not able to describe the contents nor provide a copy for review on request.

The service does not have an effective system in place to ensure that each member of the workforce has a current police check, which is not more than 3 years old, in the event that they may be required to have unsupervised access to consumers on occasion. Some volunteers interviewed advised they had a police check on commencement but not since. While records were sighted, the current status and the system for monitoring the ongoing currency of police checks could not be established or confirmed. Management acknowledged that the currency of police checks has not been consistently managed over time and advised this is to be centralised within MOWBS.

There is no process to identify, manage and mitigate high impact high prevalent risks associated with the care of the current consumer cohort.

The provider accepted the Assessment Team’s views during the site audit. Following the team’s report, the provider’s written response is summarised as follows:

* Information management will be via the service’s incident management system in place for MOWBS.
* From July 2022, the client review process will take place and consumer feedback will be collated and used for continuous improvement.
* The workforce are encouraged to familiarise themselves with the CHSP manual and understand the requirements of the CHSP programme to perform their role.
* Changes to police check procedures are underway and renewals are under review.

While it is noted that the provider responded proactively to the assessment teams’ findings and planned/already implemented some corrective action, it will take time for processes to be fully embedded before improvements are realised. At the time of the quality review, the service was not able to demonstrate compliance with the requirements of this standard. As such, I am unable to make a finding of compliance against this standard.

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-2)