**Performance**

**Report**

**1800 951 822**

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| Name of service: | Sherwood District Meals on Wheels Inc. |
| Service address: | c/ Oxley Bowls Club, 24-30 Englefield Road OXLEY QLD 4075 |
| Commission ID: | 700460 |
| Home Service Provider: | Sherwood District Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 27 January 2023 |
| Performance report date: | 28 February 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.

**This performance report**

This performance report for Sherwood District Meals on Wheels Inc. (**the service**) has been prepared by M Franco, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24963, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by interviews with staff, consumers and representatives.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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)(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.

**Requirement 6(3)(c)** - Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

# 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)(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

At the time of the performance report decision the service is:

* Considering risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

At the time of the performance report decision the service is not:

* Formally reviewing care and services for all consumers for effectiveness annually.

Management and staff interviewed advised reviews are undertaken on regular basis, inclusive of occasions where consumers make changes to their meal services. At the time of the assessment team report the service was not able to demonstrate that all necessary reviews had been completed. The Assessment Team only sighted a small number of reviews that did not demonstrate all consumers had an adequate review.

The Assessment Team acknowledged the service has on-going contact with consumers, however such contact does not guarantee that appropriate information is gathered regarding the consumer’s current circumstances.

**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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

At the time of the performance report decision, the service is:

* Using feedback and complaints to improve the quality of care and services provided to consumers.
* Encouraging consumers, their representatives and others to provide feedback and make complaints
* Supporting consumers to provide feedback or make a complaint
* Supporting consumers in accessing advocacy or language services, or the external aged care complaints service.

At the time of the performance report decision, the service is not:

* Taking appropriate action in response to complaints and exemplifying an open disclosure process in action.

# Management and staff interviewed described how consumers and representatives may provide feedback to the service.

Consumers interviewed provided positive feedback regarding the services they receive and have not felt the need to provide feedback or make a complaint. All consumers sampled said they would be comfortable in raising any concerns they may have directly with staff or their volunteer drivers, and that they would be confident their complaint would be followed up and were familiar with other methods of making a complaint if they chose to do so, such as a satisfaction survey. However, some consumers stated they were unsure of the complaints process.

Consumers interviewed are aware of, and have access to information regarding advocates, language services and the external aged care complains service. The service demonstrated they support consumers to access these services.

The Assessment Team undertook a review of the complaints register, and undertook consumer interviews which demonstrated that appropriate and timely action is not consistently taken when consumers provide feedback about care and services.

The Assessment Team acknowledged the efforts by the service to implement a new complaints and feedback policy, and adding instructions for staff related to open disclosure, feedback from consumer interviews demonstrated that the policy is not consistently followed.

# Standard 7

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| Human resources | | CHSP |
| 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

At the time of the performance report decision, the service is:

* Demonstrating the workforce is competent and have qualification and knowledge to effectively perform their role.
* Providing the workforce with the resources and training required to deliver quality care and services.
* Monitoring and reviewing the performance of the workforce.

# Standard 8

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| Organisational governance | | CHSP |
| 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

At the time of the performance report decision, the service is:

* Promoting a culture of safe, inclusive and quality care and services.
* Ensuring effective organisation-wide governance systems.
* Utilising risk management systems and practices to support consumers to live the best life they can.

Information Management:

Information regarding consumers including personal, medical information and incident reports are provided to the workforce on a ‘need to know’ basis to ensure consumer privacy and confidentiality are maintained. All consumer files are stored on their internal information management system and are password protected. Field staff have access to consumer’s information including support plans, alerts/risks and assessments. Physical and hard copy documents are stored in secured cabinets.

Continuous improvement:

The service demonstrated initiative in seeking opportunities for continuous improvement through a range of existing and new processes. This includes through self-assessment audits to identify deficiencies and consumers who are classified high risk. Continuous quality improvement is embedded in service operations and staff practice, with documents evidencing issues identified for improvement, actions taken, completion dates and outcomes. A Continuous Improvement register exists for the Sherwood service as well as a Master register, which encompasses all 11 south hub Meals on Wheels. The service utilises the master register to identify trends and/or systemic issues.

Financial governance:

The service has financial governance systems and processes to manage the finances and resources required to deliver a safe and quality service for their consumers. Monthly statements include an itemised list of menu and service provided, and ongoing balance. Management has oversight of the service’s income and expenditure and this is reviewed regularly.

Workforce governance:

Management and staff are provided with a job description and have a clear understanding of their roles, responsibilities and accountabilities. Volunteers are provided with adequate training and support to guide them with their roles. The service supports and develops its staff and volunteers to deliver safe and quality care and services. Staff performance is reviewed annually with ongoing training opportunities and support.

Regulatory compliance:

The organisation monitors compliance with requirements on a regular basis. The service ensures staff comply with specific requirements, such as police clearances and vaccination status. All staff are required to possess a current police certificate and other relevant qualifications required to perform their roles.

Feedback and complaints:

Though the Assessment Team identified areas for improvement regarding how individual complaints are handled, the organisation has an established system for logging, escalating, and tracking feedback and complaint. This process, when followed, would ensure complaints are handled promptly and outcomes are evaluated. Feedback and complaints are recorded and processed through their continuous improvement mechanism.

There is zero tolerance towards elder abuse. Staff receive education on elder abuse and neglect, including how to recognise the signs and the requirement to report any concerns. Consumers are provided with information on how to recognise elder abuse and neglect and seek support if required.

In relation to the client review process, the Assessment Team identified that the service has processes in place to track and record consumer details to determine whether they require a reassessment. It is worth noting that the system from a governance perspective is evident and that the data collated is visible for analysis. However, the Assessment Team identified that the service has not completed all necessary reviews for existing consumers.

1. The preparation of the performance report is in accordance with section 68A the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)