**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: | 26 July 2023 |
| Performance report date: | 9 October 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 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.

# 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 a desktop assessment, review of documents and interviews with staff, consumers/representatives and others.

# 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 | **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.

* The service should take steps to ensure 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.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | CHSP |
| 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

The service is expected to regularly assess and update its consumers care and services plans for effectiveness, when circumstances change or when incidents occur which warrants review. In a previous audit, this service was unable to demonstrate compliance with this Requirement. The finding then was that of the 79 consumers receiving services, only 18 had received a review in the previous 12 months.

During the current audit, the Assessment Team asked Management whether additional efforts had been made to complete reviews for the consumers who had previously not returned a ‘Client Review Form’.

Management stated that no further reviews had taken place since the previous Assessment in January 2023. The stated reason for this was due to the upcoming review period in August 2023. Management noted that August had been chosen by central management of the Meals On Wheels Brisbane South Hub as the period when all services would undertake formal reviews. Due to this, Management had been waiting until August to conduct any further reviews.

Regardless, I hold concerns with the waiting period between reviews at this service and what that symbolises. In effect, the service has not demonstrated compliance with this Requirement because automating reviews to occur in this way removes the service from engaging with its consumer cohort and really understanding which consumers are in need of extra supports. As such, the service cannot respond in real time to their consumers changing needs.

I therefore find the service remains non-compliance with this Requirement.

# Standard 6

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

Findings

Based on the Assessment Team’s evidence, I am satisfied the service has demonstrated that appropriate action is taken in response to complaints and that an open disclosure process is used when things go wrong. The Assessment Team reviewed recent feedback received from three consumers. Following receipt of the feedback, the service utilised an open disclosure process while seeking a resolution.

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)