**Performance**

**Report**

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| Name: | Stafford and District Meals on Wheels |
| Commission ID: | 700498 |
| Address: | 1 Teevan Street, STAFFORD, Queensland, 4053 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 February 2024 |
| Performance report date: | 27 March 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: 8005 Stafford & District Meals on Wheels Association Inc.  
Service: 23950 Stafford & District Meals on Wheels Association Inc. - Community and Home Support

**This performance report**

This performance report for Stafford and District Meals on Wheels (**the service**) has been prepared by Stacey Ind, 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 Assessment contact (performance assessment) – site 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 2 Ongoing assessment and planning with consumers | Not Fully Assessed |
| **Standard 7** Human resources | **Not Fully Assessed** |
| **Standard 8** Organisational governance | **Not Fully Assessed** |

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 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. | Compliant |

Findings

During a Quality Audit conducted from 25 July 2023 to 27 July 2023, the service was found to be non-compliant in Requirement 2(3)(a) on the basis the service’s assessment and planning processes did not consistently identify and document medical conditions and risks relevant to the service provided. Since then, the service has implemented several changes to improve the identification of risks and inform the delivery of safe and effective care and services. For example:

* A new assessment and review document was implemented, whereby management review and document key consumer conditions, prior to completing an initial assessment over the phone with the consumer. The new document includes questions related to home safety risks and has prompting questions in relation to medical conditions, diet restrictions, allergies or preferences and whether any special meal preparation is required.

Risks identified through the assessment process are documented on a service delivery run sheet, which is used by all kitchen staff to prepare and pack consumer meals. Risks or extra supports required by consumers, identified through the assessment and planning process, are documented on run sheets used by delivery staff/volunteers.

All consumers/representatives interviewed advised they were very satisfied with the meals consumers receive, and meals are suited to their dietary requirements. Staff/volunteers interviewed were aware of consumer’s risks, relevant to their role. Kitchen staff demonstrated the strategies in place to minimise risk to ensure consumers receive meals which cater to their individualised needs.

Following consideration of the above information, I have decided that Requirement 2(3)(a) is Compliant.

During the Quality Audit conducted from 25 July 2023 to 27 July 2023, the service was found to be non-compliant in Requirement 2(3)(e) on the basis the service did not demonstrate that care and services are regularly reviewed. Consumer files did not evidence that each consumer’s service was reviewed at least every 12 months. Since then, the service has demonstrated action to address the non-compliance. For example:

* Management advised the Assessment Team the electronic case management system now includes a prompt to advise management when a consumer is due for a 12-month review.
* The continuous improvement plan states 10 consumer files were reviewed each week since the last Quality Audit and this was completed on 30 November 2023.

The Assessment Team reviewed 10 care plans, and 10 had either been reviewed, or the consumer had commenced with the service in the previous 12 months.

Following consideration of the above information, I have decided that Requirement 2(3)(e) is Compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |

Findings

During the Quality Audit conducted on the service from 25 July 2023 to 27 July 2023, the service was found to be non-compliant in Requirement 7(3)(d) as staff and volunteers had not been provided with the opportunity to complete training in the Aged Care Quality Standards and the Serious Incident Response Scheme (SIRS). Since then, the service has introduced training for all staff/volunteers which includes:

* Aged Care Quality Standards
* food transport
* harassment and discrimination
* SIRS awareness training
* volunteers and the code of conduct for aged care
* workplace bullying and
* workplace health and safety.

Management said weekly emails are sent to volunteers to remind them to complete either the online training or to sign up for the face-to-face training. Management said they are encouraging participation by making it a social activity for the volunteers and will supply food. During the Assessment Contact the Assessment Team observed volunteers come into the office and request to be signed up for the training.

Management advised paid staff complete annual training in July of each year and all staff are up to date with training. Management said they have also commenced regular staff meetings for paid staff. Management said issues discussed at the most recent staff meeting included risks within the kitchen environment.

Following consideration of the above information I have decided that Requirement 7(3)(d) is Compliant.

# 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

The service was found to be non-compliant in Requirement 8(3)(b) during the Quality Audit conducted from 25 July 2023 to 27 July 2023. This was due to an absence of reporting mechanisms and an insufficient reporting structure, impeding on the management committee’s ability to maintain effective oversight of service quality. Since the Quality Audit the service has implemented changes to improve the quality of services and management of risk, including:

* The creation of registers to record feedback and complaints, incidents and continuous improvement enabling data to be analysed and reported from a central location.
  + The Assessment Team sighted the feedback and complaints register, incident register and the continuous improvement register in use.
* Reporting pathways have been established through the updated structure of the monthly committee meeting. Management advised feedback and complaints, continuous improvement and incidents are a standing item on the meeting agenda.
  + A member of the management committee confirmed feedback and complaints are collected from consumers and staff and inform the plan for continuous improvement which is discussed at every meeting.
  + The Assessment Team sighted management committee meeting minutes which evidenced the plan for continuous improvement and feedback and complaints on the agenda.

The service maintains effective dissemination of information to staff and volunteers via ‘staff meetings’ held every six weeks. Management advised all members of the management committee receive a welcome pack to inform a culture which prioritises safe, inclusive and quality care. The Assessment Team sighted updated governance policies and procedures which support this outcome.

The services’ management committee promotes and is accountable for the delivery of safe, inclusive and quality care and services. The management committee remains informed through governance and reporting pathways, from the service level through to management, to ensure oversight that standards are being met effectively. The members of the management committee are also volunteers of the service which allows them to monitor first-hand, the systems implemented for the delivery of quality services.

Following consideration of the above information, I have decided Requirement 8(3)(b) is Compliant.

The service was found to be non-compliant in Requirement 8(3)(c) during the Quality Audit from 25 July 2023 to 27 July 2023 due to deficiencies in governance systems relating to feedback and complaints and continuous improvement. The service has since demonstrated mechanisms in place to actively seek and analyse feedback and complaints, and a system is in place to assess, monitor and improve the quality and safety of services delivered. The service is now demonstrating effective systems across all areas of governance relevant and proportionate to the service’s range and complexity.

(i) Information management

The Assessment Team has identified progress on previous findings and improved processes implemented in relation to information management: For example:

* Staff and volunteers said they have access to the information they need to effectively perform their roles. Hard copy policy and procedures are available to be viewed in the office at any time. The Assessment Team sighted the updated policies and procedures reviewed and approved by the management committee.
* Consumer information is securely managed in line with legislative requirements. Electronic data is password protected and hard copy information is locked in filing cabinets.

(ii) Continuous improvement

The service is demonstrating effective use of a continuous improvement system and is assessing, monitoring, and improving the quality and safety of care using identified data. Management advised the service now has an active continuous improvement register which captures continuous improvement actions. The Assessment Team sighted this document to be in use and informed by sources such as consumer and staff feedback and complaints and internal auditing. A member of the management committee stated that the service is now tracking continuous improvement register progress at monthly committee meetings.

(iii) Financial governance

The management committee effectively monitors and reviews the service’s financial status monthly as evidenced by the financial report submitted by the Treasurer documented in the meeting minutes which evidenced a discussion on the service’s finances.

(iv) Workforce governance

The workforce is planned to enable a sufficient number of volunteers, kitchen and office operational staff. Staff said the service has scheduled additional workforce members because of the growing consumer cohort. Staff and volunteers were able to clearly describe the scope of their roles and responsibilities and demonstrated the knowledge required to effectively perform in the provision of a meal delivery service. The Assessment Team sighted documentation which demonstrated workforce governance systems in place to ensure staff/volunteers are trained consistent with regulatory requirements.

(v) Regulatory governance

The Assessment Team sighted evidence management is subscribed to and receives updates via relevant regulatory bodies such as the Commission and the Department of Health and Aged Care (DoHAC). A member of the management committee confirmed information is distributed to the committee and discussed at the monthly committee meeting. The Assessment Team sighted the management committee meeting minutes which evidenced discussion of regulatory changes.

(vi) Feedback and complaints

The service is demonstrating effective systems in place for collecting, monitoring, analysing and reporting on consumer feedback and complaints, including:

* Management and a member of the management committee advised a new ‘food satisfaction survey’ is regularly provided to consumers. Consumers interviewed recalled receiving and completing the survey. For example:
* The Assessment Team sighted the food satisfaction survey which demonstrated the service has implemented a process which actively seeks to improve service quality.
* In addition to the food satisfaction survey, the service has also implemented a process for collecting feedback during the client review process. Management explained the process implemented for organising feedback and complaints data in a centralised location. Data is compiled and entered to the electronic care management system ‘feedback and complaints’ function. Data is analysed and reported to the management committee which provides the basis for continual improvement.

Following consideration of the above information I have decided Requirement 8(3)(c) is Compliant.

The service was found to be non-compliant in Requirement 8(3)(d) during the Quality Audit from 25 July 2023 to 27 July 2023 due to deficiencies identified in the incident management system. The service has since implemented processes to identify and monitor incidents, while maintaining effective risk management systems.

1. Managing high-impact or high-prevalence risks

The service is demonstrating ongoing food safety management and the effective management of high impact and high prevalence risk to consumers.

Management and staff spoke about the action taken when a consumer does not answer the door. The Assessment Team sighted the service’s updated policy and procedures in place to manage non-response to a scheduled visit, which included a procedural diagram. While on site, the Assessment Team observed management receiving calls from volunteers regarding consumer non-response. The actions demonstrated by management were consistent with the procedural documentation.

1. Identifying and responding to abuse and neglect

The Assessment Team sighted documentation identifying the service’s progress in implementing formal training to staff and volunteers including a SIRS module and training on the Aged Care Quality Standards. Management advised some volunteers have completed this training, with all other staff and volunteers to complete training by 1 March 2024. Although a formal training course is not provided on identifying abuse and neglect, staff interviewed were able to explain reporting lines for when they have concern for consumers.

1. Supporting consumers to live the best life they can

Consumers and representatives interviewed advised they feel supported to live their best life and identify potential risks to their well-being relevant to the service provision. Risks identified include food allergies, intolerances and preferences which are being documented and managed appropriately by the service.

1. Incident management systems

The service demonstrated it has implemented an appropriate incident management system. For example:

* Management advised the incident management policy has been created and approved by the management committee. The Assessment Team sighted this document which provides guidance on open disclosure, reportable incidents, SIRS, incident assessment, outcomes and training.
* Staff and volunteers interviewed were able to demonstrate knowledge of incident reporting processes. The Assessment Team observed staff returning from a delivery and updating management on the condition of a consumer.

The service has established incident management policies and a system for incident identification, monitoring and improvements.

Following consideration of the above information I have decided Requirement 8(3)(d) is Compliant.

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