**Performance**

**Report**

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| Name: | Stanthorpe Meals on Wheels |
| Commission ID: | 700337 |
| Address: | Stanthorpe Hospital, 8 McGregor Terrace, STANTHORPE, Queensland, 4380 |
| Activity type: | Quality Audit |
| Activity date: | 28 May 2024 to 29 May 2024 |
| Performance report date: | 28 June 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: 8740 Stanthorpe Meals on Wheels Incorporated  
Service: 25902 Stanthorpe Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Stanthorpe Meals on Wheels (**the service**) has been prepared by Bruce Bassett, 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 25 June 2024.

# 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 their representatives said consumers are always treated respectfully and with dignity. The workforce described how they show respect to the consumers by addressing them by their preferred name, taking time to talk to them and acknowledging their preferences. Documentation evidenced the organisation has a consumer-centred approach to the meal delivery service. The Assessment Team observed staff interacting with consumers and representatives over the telephone in a polite and respectful manner.

Staff and delivery volunteers provided examples of consumers’ past life experiences, who they live with, who is important to them, what they like to talk about and if they have any specific requirements. Consumers and representatives provided feedback that staff and delivery volunteers understand consumers’ needs and preferences and their meal service is delivered in a way which makes them feel safe and respected. Committee members demonstrated an understanding of inclusive care and provided examples of how they provide a culturally safe meal service which meets the needs and preferences of each consumer.

Consumers said they are supported to make decisions about the meal service they receive. Consumers were able to describe how their needs and preferences can be changed and updated easily by notifying the coordinators, a volunteer or a committee member. Coordinators advised they request a next of kin or representative for the initial induction meeting to the service. Documentation reviewed including consumer induction forms, notes, menu choice forms and preferred delivery arrangements evidence consumer and representative involvement in decisions about the service provided.

Consumers and representatives said the workforce listen and take time to understand what is important to the consumer and respect the choices they make. The service demonstrated consumers are supported in making choices about the meals and delivery service they need and how they wish it to be provided.

Consumers reported they engage in verbal discussions with the coordinators as required to discuss meal delivery preferences. Consumers and representatives said they receive written information in a way that they can understand that enables them to make informed choices. Volunteers demonstrated knowledge and understanding of the preferences and choices of consumers and were able to demonstrate how they adapt the service to meet the needs of individual consumers. Information provided to consumers includes invoices, updates on staffing, holiday closures and menu order forms.

Consumers and representatives said the service has informed them of how the consumer’s personal information is collected and will be used and expressed their confidence in the service protecting their privacy and confidentiality. Committee members said consumer information is stored hard copy in folders and electronically, and volunteers were able to describe how they maintain consumer information privacy and confidentiality when in the community.

Following consideration of the above information, I have decided that Standard 1 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 the meal delivery service consumers receive meet their current needs, goals, and preferences. Co-ordinators said, and care documentation confirmed, assessments are completed with the consumer and/or their nominated representative. Information gathered is used to inform the consumer meal delivery service plan.

Consumers and representatives said they are happy with consumers’ meal services plans and they cover what consumers want and how they need the service to be delivered. The Assessment Team observed care documents capture consumers’ current goals, needs and preferences with detailed information regarding food allergies, intolerances, and dietary and delivery preferences. Due to the nature of the service, consumers and the workforce are not involved in end-of-life planning as part of meal deliveries.

Consumers advised the Assessment Team they are satisfied they can handle their own assessment and planning or had involved others such as family members if they wanted to. Representatives described how they include others, such as carers, to be part of the ongoing planning and assessment for the consumer. Coordinators could describe, and review of care documentation confirmed, other providers of care and services (such as a dietitian) have referred consumers to the service or provided guidance information which is included in assessment and planning.

The service’s welcome pack includes general service information, consent forms, an advocacy policy, feedback form, confidentiality, privacy policy, and four-week menu. A copy of the consumer’s meal plan is made available to the consumer and their representative.

The service demonstrated care and services are reviewed at regular periods with processes in place to support the review and reassessment of plans as consumer circumstances change. Coordinators said they had reviewed all consumers’ needs and preferences when the menu changed in March 2024 and previously, in June 2023, and provided examples of when consumers’ care plans were changed, as required, when their circumstances changed.

Following consideration of the above information, I have decided that Standard 2 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 |

Findings

Consumers and representatives said the meals, delivery service and proportionate support from the workforce help them to maintain independence and stay in their homes. The workforce provides a consumer-centred, and community-based approach to supporting consumers to be independent. Management and the workforce explained how the meal delivery service is tailored and modified regularly to support the individual consumer and provided examples of making alternative arrangements for meal deliveries according to consumer needs.

The workforce demonstrated an understanding of what is important to the consumer and how the flexible delivery of meals can contribute to the well-being of the consumer. Staff demonstrated an understanding of what is important to the consumer and provided examples of how the well-being of consumers is supported.

Consumers and representatives said the flexibility in the consumers’ meal delivery service allows them to participate in community activities, maintain social networks and do the things that are important to them.

Consumers and representatives said they are satisfied the information regarding the consumer’s meal plan and delivery preferences is shared within the service and with others involved in their care as required. Consumers and representatives said payment option discussions made with volunteers are confirmed by coordinators with those who make the payments.

Consumers and representatives said they felt comfortable contacting the service to guide them to request further support if needed. Coordinators described when and how to refer consumers to other individuals, organisations, or providers. For example, one representative said the service had assisted a consumer by providing information and guidance to apply for, and obtain, a higher-level care assessment through My Aged Care.

Consumers and representatives provided positive feedback about the meals, and said the choices and quantity meet the consumer’s needs and preferences. Consumers with specific meal requirements, including allergies or textured meals and dietary restrictions, said their needs and preferences are met.

Different staff were able to describe the methodology to ensure food preferences and dietary requirements are recorded, catered for, packaged and delivered to ensure the right meal goes to the right person.

Management stated and kitchen staff said the kitchen has regular food safety audits, as required in a hospital/commercial environment. The service split the meal distributions into 3 separate deliveries which ensures meals are delivered at a suitable hot or cold temperature.

Following consideration of the above information, I have decided that Standard 4 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

The service demonstrated consumers and representatives are encouraged and supported to provide feedback and make complaints. While the majority of consumers said they had not needed to raise a complaint, they said they felt comfortable to raise concerns and they know how to provide feedback or make a complaint. Volunteers described how they encourage and support consumers to provide feedback and make complaints.

Consumers and representatives said they feel safe raising concerns with the service and said they either advocate for themselves or have a representative who can advocate on their behalf. The service provides information to consumers and representatives on internal and external complaints mechanisms and advocacy services in their consumer guide. The Assessment Team noted the current consumer cohort accessing this CHSP service speak English, and the coordinators and management provided examples of accessing translation services with previous consumers. The service coordinator described how the workforce would raise any concerns with them in relation to a consumer who may require help to raise a complaint, and this was further evidenced through records documented on delivery sheets.

The service demonstrates it takes appropriate action to resolve complaints and uses an open disclosure process when things go wrong. An apology is given by volunteers and a coordinator when the service has not met their expectations. The delivery workforce confirmed they report complaints to the service coordinators for follow up in person upon return to the office.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives expressed confidence the service is open to receiving feedback and complaints to improve the quality of their meal service. Management described how they record, analyse and respond to feedback and complaints and use this information to improve the quality of their services.

Following consideration of the above information, I have decided that Standard 6 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

The service demonstrated that staffing is planned and coordinated to meet the requirements of meal delivery to consumers. Consumers and representatives expressed high satisfaction levels with the workforce reporting the workforce is sufficient to ensure they receive their meal delivery in accordance with their individual needs and preferences. Volunteers said there is enough time to complete their deliveries in the allotted time frame. The coordinator said if a volunteer is unable to attend to the meal delivery, they will fill the gap from an emergency volunteer list or fill in themselves if no one else is available.

Consumers and representatives provided feedback that their interactions with volunteers are kind, caring and respectful towards them as individuals. Consumers and representatives said they would be comfortable raising any concerns relating to the delivery of their meals or how they were being treated with the service management.

All consumers and representatives sampled reported confidence in the competency of staff members and said staff have the knowledge and skills required to effectively undertake their roles, delivering tailored meal services meeting their needs and preferences. Management monitor staff and volunteer practices regularly through engagement with consumers, their representatives and other staff such as delivery driver buddies and mentors. Management advised all volunteers are debriefed with the coordinator prior to the meal delivery and new volunteers paired with experienced volunteers to provide practical training for their role.

Management advised there is informal performance monitoring and review for volunteers which takes place in person and verbally. Coordinators said they debrief with volunteers regularly and any concerns are discussed at these times. Volunteers said they feel they can contact the coordinators at any time and are in regular contact with each other to discuss consumers, concerns or delivery changes.

With respect to Requirement 7(3)(d), the Assessment Team report indicated that the Committee members and coordinators had not undertaken required mandatory training regarding incident management, including for the Serious Incident Response Scheme (SIRS), elder abuse and neglect, or the Quality Standards. The service was able to demonstrate the volunteer workforce is recruited, trained, equipped and supported to deliver a safe and effective service. The Assessment Team report recommended the requirement as being not met.

In their response to the report, the service acknowledged they were unaware of the need for the training to be undertaken prior to the quality audit and since then, mandatory training had been completed by the staff and committee members of the service. To support their response the service provided copies of completion certificates obtained by the committee, management and staff for courses on the Quality Standards, SIRS, the Code of Conduct for Aged Care and safe transportation of food. The response also included education material regarding elder abuse and how to report it that was distributed within the service and to consumers.

I am confident the service has undertaken appropriate action to address the deficiencies identified by the Assessment Team at the time of the quality audit and that these actions are sustainable. I therefore find the requirement Compliant.

Following consideration of all the information available to me, I have decided that Standard 7 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 |

Findings

Consumers and representatives said they provide feedback on services to volunteers and management. Management demonstrated the various avenues for consumers to be involved in the evaluation of services, such as via verbal feedback and surveys. Volunteers consistently said they ask consumers about their previous meal and delivery service and provide all feedback to the coordinators.

Consumers and representatives said the organisation provides safe, inclusive, and quality care and services. The governing body are community members who set the strategic direction in accordance with community needs. Management is in direct contact with most consumers and their representatives, families or family members to ascertain if the service meets the communities’ expectations. Through these interactions the service was able to demonstrate it promotes a culture of safe, inclusive and quality care.

The service was able to provide a framework to manage risk and respond to incidents at the service. The service was able to demonstrate the effective management of high-impact or high-prevalence risks. Management provided examples of these risks and how they are managed at the service. Volunteers arriving to deliver meals check on consumers for signs of clinical deterioration (including weight loss) or other factors which may indicate the consumer is at risk or vulnerable, and report back to the coordinator. Volunteers must physically see the consumer prior to providing the meals.

With respect to Requirement 8(3)(c), the Assessment Team report recommended the service demonstrated proportionately effective governance systems relating to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. Governing committee meetings address governance topics, including finance, risk and trends in the broader and local community. The governing committee oversees compliance and receives updates directly via relevant regulatory bodies such as the Commission, the Department of Health and Aged Care, Workcover and other government regulators. The service indirectly receives updates to regulatory compliance via a peak body subscription service.

However, the Assessment Team report indicated the service did not demonstrate effective workforce governance as mandatory training had not been undertaken by coordinators and management committee, as discussed above in Standard 7.

In their response to the report, the service all staff and committee have now completed training in SIRS, the Quality Standards and Food Transport via online platforms. The service confirmed it was distributing brochures on Elder Abuse via staff members to all volunteers, and that staff members will continue to complete further online modules as required. Mandatory training had been added to the services plan for continuous improvement to ensure staff will continue to complete further training modules.

I am confident the actions taken by the service to address the deficiencies identified by the Assessment Team are proportionate and sustainable. Therefore, I find the requirement as Compliant.

Following consideration of all the information available to me, I have decided that Standard 8 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)