**Performance**

**Report**

**1800 951 822**

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| Name: | Surat Meals on Wheels |
| Commission ID: | 700557 |
| Address: | Surat Hospital, Ivan Street, SURAT, Queensland, 4417 |
| Activity type: | Quality Audit |
| Activity date: | on 24 July 2024 |
| Performance report date: | 30 August 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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8114 Surat Meals on Wheels Association Incorporated  
Service: 24433 Surat Meals on Wheels Association Incorporated - Community and Home Support

**This performance report**

This performance report 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others
* A response from the provider dated 13 August 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.

# Other relevant matters:

The service is a small rural and remote provider who is currently providing meal services to one CHSP consumer. Therefore, all references to consumer feedback in this report refer to this consumer who was interviewed by the Assessment Team.

# 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

The consumer said they felt respected in all interactions with the service and volunteers are always kind, caring, and respectful. Volunteers wait to be invited into the home and are always friendly when delivering meals. Volunteers described how they show respect for consumers when delivering meals by using the consumer’s preferred names, acknowledging pets, taking time for conversations, and leaving meals in the consumer’s preferred places. Consumer documentation evidenced a consumer-centred approach to providing and delivering meals with cultural information, preferences, and likes/dislikes clearly documented.

The consumer said volunteers understood their needs and preferences and the service is delivered in a manner which makes them feel safe. Volunteers interviewed understood consumers, their histories, living situations, and any special requirements. They were aware of who consumers received support from including family members or other organisations.

The consumer said they felt supported to make their own decisions regarding meals and gave examples of times they chose to receive soup or change from hot meals to salad. These changes were always actioned quickly.

Management stated and documentation supported that consumers are asked when commencing with the service who they would like involved in their care and service decisions. These requests are recorded and followed and can be updated at any time. Volunteers stated and documentation confirmed consumers are provided with an extensive list of food options to record their preferences. Meals are then provided in alignment with their preferences and if the planned meal does not suit their preferences an alternative meal is provided.

Consumers have access to a range of modified diets including texture-modified or dietetic-friendly options. The service recommends meals in alignment with a consumer's prescribed dietary needs however they also respect the consumer’s choice to have a regular diet.

Management and volunteers provide information verbally to consumers and management meets with consumers monthly to provide any relevant information and ask for feedback. Management calls consumers directly with any relevant changes. Invoices and receipts are provided monthly to consumers in writing. The consumer interviewed stated the service communicates clearly and invoices and receipts are easy to understand.

The consumer said they are comfortable with all volunteers and that their privacy is respected. The Assessment Team observed all service and consumer documentation is stored in a locked filing cabinet and management confirmed this is locked when documents are not in use. Management and volunteers were aware of the service's responsibility to maintain privacy and confidentiality and understood their responsibility in maintaining confidentiality.

Following consideration of the above information, I have decided 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

Before consumers commence with the service management conduct an intake interview and relevant medical and dietary information is recorded on a document titled ‘client form’. Allergies, preferences, relevant information, next of kin details, background, and delivery requirements are detailed on this form and kept in the consumer’s file. A copy of the completed form is provided to the consumer.

Management discusses these details with each consumer monthly and any changes are immediately updated and communicated to the kitchen. Management stated that an updated form is not always provided to the consumer however a copy is available on request.

The consumer said they have made changes to meal preferences in the past and these have been actioned efficiently. The consumer is aware that changes can be made by contacting management or notifying a volunteer when they deliver a meal.

Consumer documentation includes next of kin and medical officer details who management would contact in the event of an emergency. Management stated they would discuss changes in a consumer's condition related to end of life with the appropriate representative and change meals to suit.

Management stated that representatives are invited to participate in the assessment, planning, and review of consumer services if the consumer requests it. Management works closely with the town's community nurse if required to ensure appropriate services are provided to consumers.

The service maintains paper records for each consumer which are updated as consumer needs, preferences or circumstances change. These records include relevant medical information, contact details, next of kin, preferences, payment details, and delivery information. Consumers are provided with a copy of their completed documentation when they commence with the service. Management stated that while consumers are not provided a copy each time information is updated, they are available on request.

The consumer said management and volunteers regularly discuss their needs, meals, and the service they receive. Management stated they interview consumers monthly to ensure they are promptly aware of any changes that would impact the delivery of meals. Any changes are immediately updated on the consumer's file. The Assessment Team observed consumer records were up to date with regular changes made.

Following consideration of the above information, I have decided 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

The consumer said they are satisfied with the meals and service they receive, and the service is helping them maintain their independence and well-being by supporting them to stay in their home. Volunteers stated they place meals according to the consumer's wishes. For example, some consumers like the meals placed on a plate and others like the meals placed in the fridge.

Management and volunteers interviewed expressed an understanding of the importance of providing friendly and reliable service to consumers, including those who might be at risk of social isolation or experiencing a challenging time due to illness or loss of a loved one. Volunteers stated they take the time to have a quick chat with consumers.

Management confirmed consumers can contact the service via phone or through the volunteers to make changes to deliveries to ensure meal delivery does not impact their social commitments or participation in the community. The service promotes community events and local organisations to consumers to help encourage connection and community participation.

Management and volunteers demonstrated a thorough understanding of consumer’s needs, conditions, and preferences. They stated they are well informed regarding consumers’ needs, and preferences, and any changes are immediately communicated to volunteers. Management confirmed that any changes are immediately communicated to the kitchen and recorded in the kitchen documentation.

While the service provides delivered meals and does not make referrals to other providers, they do have connections with other providers and services in the area. The service works closely with the local community nurse and, with the consumer’s permission, would discuss any concerns with them. The community nurse can make referrals to allied health professionals, My Aged Care, and other relevant services.

Volunteers stated if they observed a consumer was deteriorating or not managing well at home they would report their observations to management. Management would contact the local community nurse or the consumer’s medical officer if needed. Management also refers any deterioration, changes, feedback, or concerns with the consumer’s representative where appropriate or contacts the consumer directly to discuss.

The consumer said the meals they receive are suitable in quality and quantity and they are satisfied with the meals provided.

Following consideration of the above information, I have decided 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 it is encouraging and supporting consumers to provide feedback about the services provided. Consumers can provide feedback through various methods, including giving feedback directly to the delivery staff who will escalate promptly by telephoning the office. Consumers can also contact the service directly via telephone. The consumer stated they feel comfortable raising feedback with the service.

Management said most advocates are the consumer's relatives; if there were no close relatives, the service would refer the consumer to their medical officer, the community nurse or the hospital recreation officer who also acts as an advocate within the community. The Assessment Team observed the services brochure which includes a range of local service providers including advocacy services. There is also an open invitation for consumers to attend the monthly committee meetings.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Management stated the service has the following procedure for receiving and responding to complaints. When a complaint is received, the committee secretary will contact the consumer/representative via telephone. The secretary will seek to resolve the issue as early as possible by discussing options and solutions with the consumer/representative. The committee secretary will also contact the hospital chef who prepares the meals to facilitate solutions. If required, the secretary also engages with the hospital director of nursing to ensure timely resolutions.

The Assessment Team observed the committee meeting minutes which showed feedback is discussed at the committee meetings. Management said they are actively seeking to invite consumers to committee meetings with the aim to increase communication with consumers.

Following consideration of the above information, I have decided 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Volunteers said there is enough time to complete their deliveries in the allotted time frame. Volunteers said they work in pairs, and they advise the service in advance if they are unable to attend on their rostered day. Management said they fill any gaps in the roster with another volunteer, or a committee member will fill in themselves if no one else is available. Volunteers advise their availability on induction and update when circumstances change, and a set roster is in place. Volunteers arrange personal commitments around their allotted day where possible.

The consumer said interactions with volunteers are kind, caring and respectful. The consumer advised the Assessment Team of the process they would take if they had concerns relating to the delivery of their meals or how they were being treated and stated they felt comfortable with contacting the service to discuss these.

The management demonstrated effective systems in place to monitor and review performance and capabilities of the volunteers. Management said staff performance is monitored through observations, peer reports, and consumer/representative feedback. Any issues in performance identified through these monitoring mechanisms are addressed immediately by management and trigger a performance review.

Following consideration of the above information I have decided requirements 7(3)(a), 7(3)(b) and 7(3)(e) are compliant.

With respect to requirement 7(3)(c), the Assessment Team report indicated management said, and documentation confirmed, volunteers national police checks are up to date. However, while management stated all volunteer driver’s licenses are current, records did not reflect this information, management stated they will action this oversight immediately.

The service is managed by volunteers who also deliver meals to consumers when required. Management said all volunteers are required to complete an induction program and several buddy shifts with experienced volunteers to provide practical training for their role.

Volunteers said they were given information on induction and are allocated buddy shifts with an experienced volunteer until they became familiar with the delivery process.

In responding to the Assessment Team report, the service advised all drivers licences have been checked and confirmed to be current.

Following consideration of the above information I have decided this requirement is compliant.

With respect to requirement 7(3)(d) information in the Assessment Team report indicated management said they had not completed training on SIRS and associated incident management. Management said they had been provided access to the online training modules provided by Queensland Meals on Wheels (QMOW) and this training will be shared with all volunteers with a planned completion date of 30 August 2024.

Management and volunteers said they have completed induction training that provided them with the general knowledge required to perform their roles. Volunteers recalled receiving training information before commencing the delivery program. Experienced volunteers confirmed they take new volunteers on deliveries and provide feedback to management.

In response to the Assessment Team report, the service advised management has now completed training on SIRS and incident management.

Following consideration of the above information, I have decided the service has addressed the identified deficiency. I therefore find the requirement to be compliant.

As all requirements are compliant, 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. | Not 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. | Not Compliant |

Findings

The service demonstrated consumers are engaged through the development, delivery, and evaluation of services and are supported to provide feedback to management and committee members with compliments, concerns and suggestions for ongoing service delivery. The consumer flyer has a record of consumers being invited to the committee meetings. Feedback from consumers is discussed at the service committee meetings. The consumer said they are comfortable contacting the service to provide feedback or to raise concerns with volunteers verbally when they visit.

The service is community-based and is governed by a committee of members made up of volunteers from the local community. The service is a member of QMOW and follows the policies and procedures of that organisation with reporting responsibilities to them. The committee has an awareness of and promotes safe care and delivery of the meal service through environmental assessment of the consumers’ homes, making referrals to other community home support services and specialist medical practitioners.

Following consideration of the above information, I have decided requirements 8(3)(a) and 8(3)(b) are compliant.

With respect to requirement 8(3)(c), information in the Assessment Team report indicated the service was unable to demonstrate an effective plan for continuous improvement. Workforce governance records observed by the Assessment Team showed that not all volunteers driver licences were recorded as being up to date. The committee secretary acknowledged that QMOW had provided the opportunity to undertake training in the SIRS. However, the committee and other volunteers had not completed the training.

The response from the provider advised that all volunteers driver’s licences have been checked since the site audit and are current. Additionally, management have completed incident management training and continuous improvement planning has been incorporated into the service’s regular complaint and feedback processes.

The service demonstrated effective information management systems and processes. Feedback from volunteers demonstrated they have access to information when they need it to undertake their role safely and effectively. Management said they can access information about the consumer’s service requirements and have sufficient information to support consumers in making decisions about their meals and meal delivery.

The service demonstrated financial information provided to consumers is relevant, accurate, and provided in a timely manner, including statements.

The committee and other volunteers have a shared understanding of the required skills and knowledge to effectively perform their roles in the provision of a meal delivery service. Committee members described the induction and orientation process, volunteers said they received an induction/orientation on commencement, and buddy shifts were also provided.

Volunteers have been trained to conduct assessments of the consumers' wellbeing and home environment by observation and verbal communication. Any identified risk to the health and safety of the consumer or the volunteer is escalated to the committee. The service demonstrated processes are in place for when a consumer does not respond to a scheduled meal delivery.

Consumers and volunteer delivery drivers confirm they feel comfortable providing feedback or raising a complaint with the service. Committee members explained the majority of feedback and complaints are verbal and actioned immediately without needing a formal process.

Following consideration of the above information, I have decided the service has addressed the deficiencies identified in the Assessment Team report and therefore I find the requirement compliant.

With respect to requirement 8(3)(d), the Assessment Team report indicated The service has effective risk management systems and practices to identify, assess, and manage risks to the health, safety, and well-being of consumers receiving meal delivery services.

Management said the highest risks are loss of contact with consumers, for example, consumers not being at home or not answering the door. Management identifies this as a risk as the meal delivery may be the only contact some consumers have. The service has established an escalation process.

However, the Assessment Team report indicated the committee and volunteers were not aware of their obligations in relation to SIRS and related incident management and had not undertaken training in these areas.

The response from the service advised this training has now been completed. I have therefore decided this requirement is compliant.

As all requirements are compliant, 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)