**Performance**

**Report**

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| Name of service: | Victoria Point/Redland Bay Meals on Wheels |
| Service address: | 140 - 142 Link Road VICTORIA POINT QLD 4165 |
| Commission ID: | 700360 |
| Home Service Provider: | Victoria Point/Redland Bay Meals on Wheels Association Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 26 October 2022 |

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 Victoria Point/Redland Bay Meals on Wheels (**the service**) has been prepared by M Balukovska 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:**

* CHSP - Meals, 4-225OKJ3, 140 - 142 Link Road, VICTORIA POINT QLD 4165

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; 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

# 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 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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.

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

**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

At the time of Performance Report Decision, the service was:

* Demonstrating the delivery of services that are inclusive of consumers culture, background, and values
* Demonstrating ongoing support to consumers in making choices and assisting them to maintain independence
* Evidencing the provision of timely and clear consumer information
* Evidencing embedded practises that protect consumer information and privacy

Six of the six assessed requirements for CHSP have been assessed as 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

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

* Demonstrating that assessment and care planning considers consumer risks and informs safe and effective service delivery
* Evidencing assessment and planning processes identify consumers needs, goals and preferences, including advance care planning
* Demonstrating assessment and planning is undertaken in partnership with consumers
* Demonstrating embedded care plan development and review processes

Five of the five assessed requirements for CHSP have been assessed as Compliant.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

Findings

This Quality Standard was not assessed during this quality audit, as the service is not funded by HCP or CHSP to deliver services in a service environment

# 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 |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

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

* Evidencing the provision of consumer services that optimise independence, health, and quality of life
* Demonstrating how consumers needs are supported, including their emotional, spiritual and psychological wellbeing
* Demonstrating that consumers are supported to have social relationships and maintain interests, including making referrals to external stakeholders as required
* Evidencing suitable pre-prepared meals and safe equipment is provided to consumers

Six requirements for CHSP have been assessed as Compliant. One requirement has not been assessed in this instance.

**Standard 5**

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Quality Standard was not assessed during this quality audit, as the service is not funded by HCP or CHSP to deliver services in a service environment.

# 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

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

* Demonstrating that consumers and representatives are enabled and encouraged to make complaints and provide feedback
* Evidencing the provision of information to consumers and representatives to access external services, including complaint resolution, advocacy, and translating services
* Demonstrating open disclosure process and practises when addressing complaints
* Evidencing the assessment of complaint trends and subsequent improvement processes

Four of the four assessed requirements for CHSP have been assessed as 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. | Non-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 performance report decision, the service was:

* Evidencing recruitment practises including brokered services that ensure staff are kind, caring and respectful to consumers
* Demonstrating that active recruiting is underway to increase staff levels in key areas
* Evidencing that workforce monitoring and staff performance reviews are undertaken

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

* Demonstrating that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Whilst the service demonstrated recruitment and orientation processes are in place, the service did not demonstrate that current training and development programs are offered for all staff to ensure the workforce is appropriately trained, equipped and supported. For example:

* A volunteer described an incident with a consumer who could not come to the door, the volunteer had a contact phone number for the consumer’s next of kin who was contacted and came to assist. The volunteer advised the Assessment Team they tried to report it to the office staff, however was advised by staff in the office this would not require an incident report to be completed.
* The Assessment Team reviewed the volunteer induction checklist and noted that whilst it includes food safety, food handling, and preparation of special meals, it does not include incident management and reporting responsibilities.

Four requirements for CHSP have been assessed as Compliant. One requirement has been assessed as non-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. | Non-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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

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

* Evidencing embedded processes that engage consumers in the development, delivery and evaluation of care and services
* Demonstrating the promotion of a service culture that offers inclusive care and services

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

* Evidencing organisation wide governance systems are embedded
* Evidencing that monitoring and trending of risk-based consumer data is undertaken, including incidents for CHSP consumers

Whilst the service demonstrated effective systems and processes that help staff identify and assess risks to the health, safety and wellbeing of consumers; the service did not demonstrate understanding and application of this requirement in relation to managing high impact or high prevalent risks associated with the care of consumers. Volunteer staff discussed how they would use their individual judgment if they came across an incident, however were unable to demonstrate a process of understanding, identifying and responding to abuse and neglect.

The service did not demonstrate an effective incident management system and practices to manage risks associated with the care of aged care consumers. There was evidence that the governing body requested updates on risk management including incidents at the service, however were unable to provide any examples to the Assessment Team at the time of the review.

The service did not demonstrate application or understanding of the requirements of the Standards in relation to an effective risk management and incident management system. Whilst the service has an electronic incident management system to document incidents and outcomes of investigations, the service did not demonstrate that these are always completed. The process for identifying and documenting incidents were not clear. Management advised that incidents relating to clients should be documented on the client’s file and major incidents should be notified to the general manager.

Two requirements for CHSP have been assessed as Compliant. Two requirements have been assessed as non-compliant. One requirement has not been assessed in this instance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)