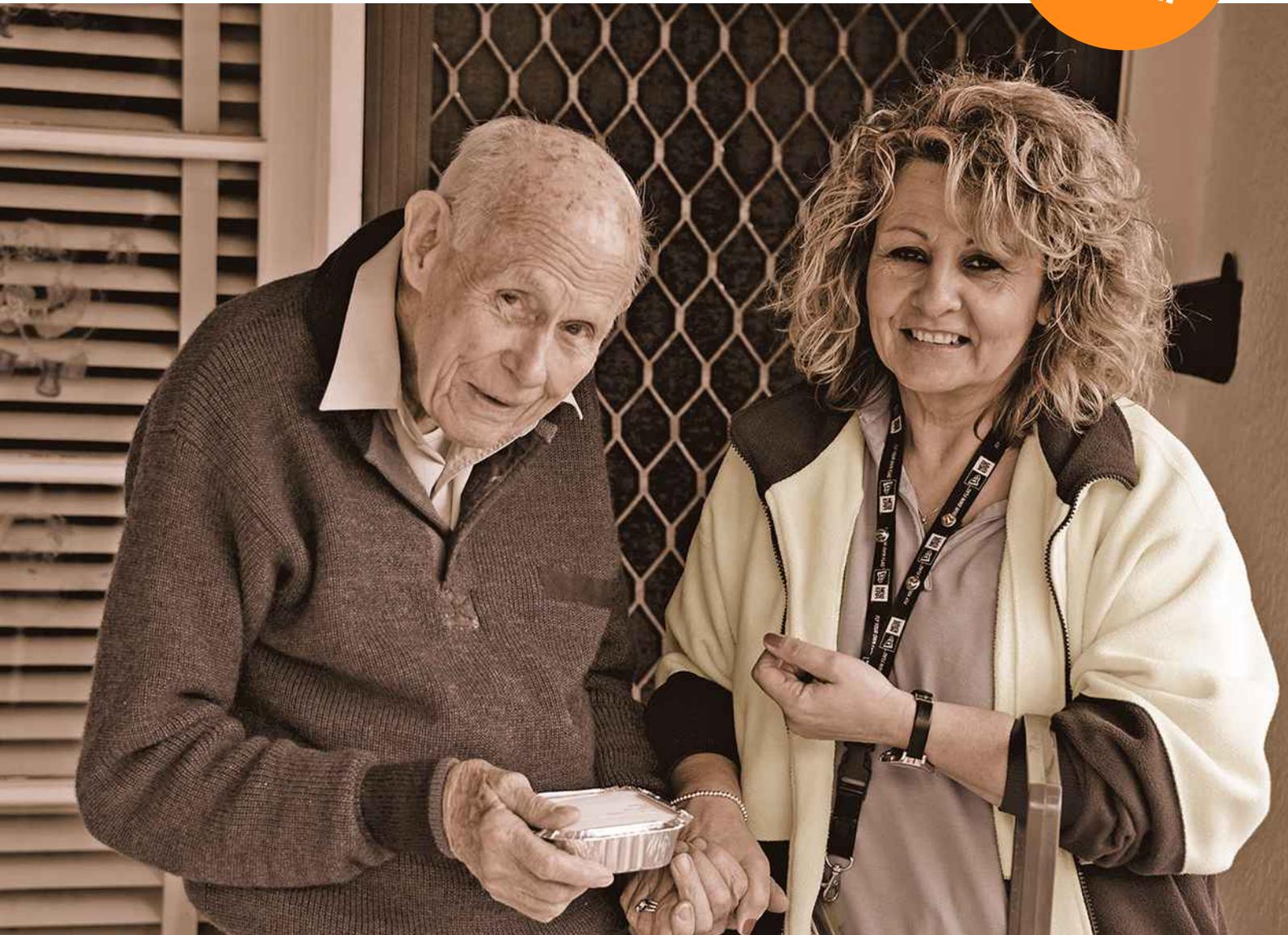




Meals on Wheels Victoria

More
than just
a meal



Best Practice Guidelines

2015



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Meals on Wheels Victoria

INTRODUCTION

Meals on Wheels Victoria (registered as Victorian Meals On Wheels Association Incorporated) is an industry group whose members are primarily made up of meals on wheels service coordinators and managers. The association has strong links with AMOWA (Australian Meals on Wheels Association) and has two members from Victoria on the board.

Meals on Wheels Victoria is dedicated to continuous improvement, promotion and sharing of information and ideas for all Meals on Wheels providers throughout metropolitan and regional Victoria. The aim of MOW Vic is to raise the public profile of this valuable service and acknowledge the efforts of the paid and volunteer workforce.

The association is committed to the development and improvement of the services throughout the State. Most members work at grass roots level and have comprehensive knowledge and understanding of the issues facing services and consumers. These matters are addressed at meetings and if deemed necessary fed back to State and Federal government departments.

ABOUT THESE GUIDELINES

The idea of developing a set of guidelines was first suggested by members in 2012. The Committee formulated a draft table of contents which was presented at a general meeting in early 2013. A workshop was held in late 2013 and a draft for comment and review was circulated in June 2014. The final document was completed in March 2015.

The HACC program is jointly funded by the Federal and State Governments. Local government and health networks also contribute funds for many meals services. The Victorian HACC Program Manual 2013 provides guidelines and recommendations on each individual HACC funded service type. These guidelines are intended to complement

- Delivered Meals section of the Victorian HACC Program Manual 2013, and
- Federal Home and Community Care Community Care Common Standards 2010.

These guidelines do not seek to replace the above documents, but provide more detail about various service elements. They are not definitive, but were developed to provide examples of best practice. They can be used as a benchmarking tool, for service planning and for assisting in the orientation of personnel new to the sector. The Victorian Meals on Wheels Guidelines have been formulated by members for members.

Note: This document does not address the new Commonwealth Home Support Program. At the time of writing, drafts of the CHSP Manual, Fees Policy and Good Practice Guide had been distributed for comment. Victorian Meals on Wheels will be represented by AMOWA (Australian Meals on Wheels Association) in providing a formal response and ongoing input into their final formation. The next edition of these Guidelines will reference and incorporate the CHSP framework and principles.

To provide feedback and suggestions for the next edition, email us by going to the 'Members' Section of the Meals on Wheels Victoria website www.mealsvictoria.org.au and clicking on the link.

Meals on Wheels Victoria receives funding from the Australian Government and Victorian Government under the HACC Program.



ASSESSMENT

G.1 Assessment Guidelines

Best practice dictates that all consumers should be assessed as eligible according to HACC Guidelines. In some cases e.g., hospital discharge, the service may need to commence immediately. In these cases a home assessment to confirm eligibility and level of service should be scheduled after commencement.

G.2 Referral

An initial phone referral from the assessment service (e.g., HACC Assessment Service or Aged Care Assessment Service) is sufficient to start services immediately. Arrangements for MOW taking direct referrals when urgent, e.g., from hospitals, GPs, family members, etc., need to be part of the agreed protocol between MOW and the HACC Assessment Service (HAS).

Information obtained should include:

Consumer information

- Name, address and date of birth.
- Minimum of one (though preferably two) emergency contacts.

Referral information

- Reason for referral, days of the week meals are required, special dietary requirements and allergies.

Occupational Health and Safety

- Consumer or referrer should be asked questions about entry and access, restraining pets, and health impairment issues such as the ability to answer the door or hear knocking or a doorbell.

Consent

- Consumer consent is a requirement for referral.

G.3 Face-to-face Assessment

When, for urgent reasons, a consumer has been accepted without a face-to-face assessment, a follow up face-to-face assessment should be completed by the HAS, using the relevant LAHA (Living at Home Assessment) tool.

The Nutritional Screening tool should be used if findings indicate nutritional risk and the consumer should be referred to a dietician. If identified as beneficial to the long-term health and independence of the consumer, referrals should be made to other providers within the HACC sector and the wider community.

PURPOSE

To ensure the service is targeted towards those most in need and that service providers can attract the government subsidy.

Many people requiring Meals on Wheels for the first time will require meals urgently and should not have to wait.

All the information outlined opposite should be collected prior to meal service commencing.

To meet OHS requirements, some agencies have the Assessment Officer or Coordinator deliver the first meal. This can avoid potential risk to staff/volunteers if phone questions about access or physical and cognitive capacity of the consumer have not been accurately described.

Assessments are critical to the process of determining the holistic health and well-being requirements of consumers and should be undertaken in line with the Active Service Model principles and LAHA (Living At Home Assessment) Guidelines. Nutritional Screening should be undertaken in line with the Nutritional Screening guidelines.



ASSESSMENT

G.4 Reassessment and Review

It is recommended that consumers are re-assessed at least every twelve months by the HAS. When this is not possible, a review should occur when

- service has been allocated for a specific period of time and the consumer requests an extension, and
- feedback from staff and volunteers indicates deterioration in the consumer's health and well-being.

G.5 Trained Assessment Personnel

Those conducting assessments should be appropriately qualified and trained. Qualification requirements are outlined in the HACCC Program Manual 2013. *Part 1, Page 30.*

In addition, the assessment officer must have knowledge and training in

- ASM (Active Service Model),
- LAHA (Living At Home Assessments), and
- Nutritional Screening Tool.

PURPOSE

As recommended by DOH, ideally consumers should be reviewed annually.

It is of paramount importance that the person undertaking assessments has the ability to sensitively gather information and the knowledge and ability to provide the best advice regarding other services. This is of critical importance for consumers with complex needs.



SERVICE COORDINATION AND DELIVERY

G.6 Written Service Information

All consumers should be given written documentation regarding the meals service. This can be provided at assessment, or by the person delivering the first meal.

Information should include

- office hours and contact numbers,
- delivery times,
- instructions regarding requirements for consumer to be home to receive meal,
- cancelling meals,
- emergency procedures (*process if consumer not home or uncontactable*),
- payment details,
- ordering meals,
- the menu and how it works,
- meal modifications and special diets,
- handling meals (storage, re-heating, etc.),
- feedback and complaints,
- advocacy, and
- confidentiality agreement.

Service information can also include

- information about other programs and services,
- nutritional information,
- special dietary information, and
- information provided to the consumer in a relevant language.

G.7 Occupational Health and Safety

Each service should have an OHS Checklist, ideally completed by the first person to visit the house.

The range of assessed risks can be broad, from consumer behaviour, restraining animals, unstable steps, broken pathways, fridges not working properly and hygiene concerns. Any issues that arise should be addressed. Any potential risks to staff or volunteers should be addressed expeditiously.

This process may involve

- an agreement from the consumer to refer the issue onto a home maintenance provider, and
- liaising with the consumer and family members.

If deemed necessary, warning notes should be included on delivery run sheets to alert driver and delivery person of potential risks or safety issues, and urging caution until such matters are addressed.

PURPOSE

Verbal information by phone on how the service works, who to call and other information can be easily forgotten. Consumers need written information. Documentation provided can range from A4 pages stapled together to a comprehensive booklet. Information needs to be clear and can be supplemented by placemats, fridge magnets and other visual material, with the 'fast facts' consumers need to know on a daily basis.

The safety of staff and volunteers is paramount to all service providers. When safety concerns have been identified, assessment and coordination staff should work with the consumer, family and other services to make the environment as safe and hygienic as possible.



SERVICE COORDINATION AND DELIVERY

G.8 Ordering Systems

All consumers should be provided with a copy of the menu, with clear information regarding meal provision, selection and ordering.

Services should strive for flexibility. If, following a hospital stay, a consumer or advocate requests the resumption of meals, services should have the capacity to respond immediately, even if only notified on the morning of the day of delivery (a frozen meal is preferable to no meal at all). After the first meal, normal deliveries should be able to be resumed and orders for the following week taken over the phone.

G.9 Delivery Times

Traditionally, services have provided a midday meal. Whether the meal is hot or chilled, consistency of delivery time is important. Due to a range of variables, delivery run schedules may sometimes be altered. However, once set, they should remain consistent for as long as possible.

It is impossible to deliver every consumer's meal at the same time. Large inner city and rural services delivering within large geographical regions may find this especially difficult. Services should strive for a maximum time frame of two hours.

In the context of delivery times, services should consider a range of models depending on consumer need and specific support plans. As the majority of consumers are aged over 80, it is not ideal to deliver more than one meal at a time. In this age group, the monitoring component of service delivery is critical to consumer wellbeing.

For more active (generally younger) consumers, consideration should be given to social commitments, and in some cases an early or late delivery of one or more chilled meals may be appropriate.

G.10 Weekends and Public Holidays

Not all services operate on weekends or public holidays. If services close, every effort should be made to ensure that consumers needing a meal are provided with one in advance.

Reminder notices to consumers warning of upcoming public holidays are essential. Without a reminder, consumers cannot be expected to remember upcoming holidays or the need to order an extra meal for this particular day.

For Code Red Days, see Monitoring page 12.

PURPOSE

No matter how limited the choice, consumers should have a printed menu so they have time to consider meal preferences.

Services should strive for consistency of delivery time. This is good customer service and is particularly important for elderly people with set routines and those suffering from memory loss.

We support the principles of the Active Service Model. Many services work in tandem with other community agencies and programs to keep consumers as active and independent as possible. However, most meals consumers are aged over 80 and therefore daily delivery at home will continue to be the most appropriate type of service for the majority of the time.

Many of the more vulnerable consumers need meals seven days a week.

Many consumers suffer from some form of memory loss. Notices and/or follow-up phone calls or reminders from delivery staff are essential in ensuring consumers needing a meal don't miss out.



SERVICE COORDINATION AND DELIVERY

G.11 Delivery Protocols

People receive meals for a variety of reasons and all should be treated with courtesy and respect. Although most people delivering meals do so because they genuinely care about others, training should include tips on avoiding, talking down (patronising) or 'baby talk' (ageist) behaviour.

No meal should be left at a consumer's home if the consumer is not present. Reasons for this include:

- Leaving meals in eskies/fuse boxes etc., constitutes a breach food safety regulations and poses a potential risk for consumers and providers.
- Arrangements around leaving keys hidden or doors unlocked can place the service and the deliverer open to accusations of theft.
- Not sighting the consumer compromises the 'duty of care' aspect of the service (see *Monitoring page 11 and 12*).

If a consumer does not answer the door, delivery personnel should contact the office immediately. Office personnel should then follow the Emergency Procedure (see *Monitoring page 12*).

G.12 Confidentiality and Privacy

Consumers' privacy should at all times be protected. This includes keeping any consumer information on delivery run sheets or other documentation locked away when not being used by staff or volunteers. It also means access to personal information on computer software must be password-protected and backed up. Clear protocols should be in place regarding access permissions. These arrangements should be documented and be in line with relevant legislation and agency protocols.

The passing on of personal information is not acceptable, either from volunteer to volunteer, or volunteer to another consumer. Delivery staff – paid or voluntary – should not relate their own personal information to consumers.

Sharing information with other agencies should be in accordance with privacy guidelines provided by Victorian and Commonwealth Government legislation.

PURPOSE

Consumers receiving Meals on Wheels come from a range of cultural, educational and employment backgrounds. Increasingly, younger people with a disability are accessing services.

The caring nature of coordinators and volunteers means that they'll often go out of their way to help consumers. While this is laudable and at the heart of what makes the meals service so special, it can cause problems if issues of safety and duty of care are compromised. In the past, it has even led to legal issues for some services.

Most people have mobile phones. Delivery personnel should immediately contact coordination or administration staff if a consumer does not answer the door. In the context of medical treatment, if a consumer is ill or has had a fall, every minute may count.

The social nature of the service and the relationships built up over years between delivery staff and consumers is essential for the well-being of both parties and a very important aspect of the service. However, to comply with privacy legislation and community care standards, hardcopy consumer information should be kept in lockable cabinets or cupboards (no matter how basic the office accommodation). Electronic information should also be password protected.



SERVICE COORDINATION AND DELIVERY

G.13 Food Safety

All services must have a Food Safety Program dealing with all aspects of service provision. Services buying-in meals must ensure that the program covers all critical control points, from delivery, to dispatch facility and to consumer's home.

All kitchens producing Meals on Wheels are classified as Class A. Food Safety Programs and associated processes should be subject to internal and mandatory independent external audits.

PURPOSE

If in any doubt about the adequacy of a Food Safety Program, agencies should contact the Environmental Health Officer from their local Council.



MONITORING

G.14 General Health and Wellbeing

Meals on Wheels services play a critical role in keeping people living independently. The nutritional benefits of the meal are sometimes more easily assessed than a consumer's general well-being. Services have a 'duty of care'. This requires providers to monitor consumer's general physical and emotional wellbeing so that issues are identified and addressed.

Delivery personnel, paid or voluntary should look out for

- any changes in mobility,
- any increased levels of confusion or emotional distress,
- any increased levels of irritability or aggressiveness, or
- signs of declining personal hygiene and grooming.

They should also

- report declining levels of tidiness and the consumer's general ability to maintain the home, and
- check fridges for uneaten meals.

Any of the above should be reported to the service coordinator, who will make a judgement based on all available and reported information. They may

- make a consumer note, or a diary note, to monitor the situation in a few weeks time;
- ring the consumer to see how they are, or alert a family member there may be a problem; or
- organise for the consumer to be reassessed.

Reports by the delivery person and subsequent follow up actions should be recorded in the consumer's personal file.

PURPOSE

The term 'monitoring' encompasses notions such as 'looking out for' and 'caring' and can be considered by consumers and their families as equally important as the actual meal.

In some circumstances, monitoring of a person's health and well-being through telephone contact can be effective. However, older people often don't want to complain or ask for help. We believe meal services provide the best possible approach to monitoring. Through regular, frequent contact, delivery personnel develop trusting relationships with consumers, and listen and observe for risk alerts. Where required, follow-up action can be implemented and can often prevent hospitalisation or save lives when consumers fail to respond to a scheduled visit.



MONITORING

G.15 Emergency

There are many different scenarios in this category. These include

• **Consumer is not answering the door**

In cases where the consumer regularly fails to inform the office they're going out, or if it's highly unusual for them not to be home, emergency follow up procedures should be implemented.

The delivery person should alert the office as soon as possible. The office staff should

- ring the consumer, (sometimes a hearing problem will mean they have not heard the door);
- ring the next of kin or other contact numbers, or

If unable to establish the consumer's whereabouts, call police.

• **Consumer is unwell or distressed**

• **Consumer has fallen/is on the floor**

• **Consumer is in house (visual contact made) but has fallen and cannot get to the door**

The delivery person should call the supervisor immediately for instructions and stay at the house until help arrives. The Supervisor will provide advice and depending on the circumstances will call the next of kin and or ambulance.

• **Consumer is unconscious**

• **Consumer is not breathing**

• **Consumer is deceased**

The delivery person should call an ambulance immediately, then call the supervisor and remain on site until help arrives.

G.16 Code Red Days

Meals on Wheels services have been utilised as a food resource around Australia during floods, fires and earthquakes. It is essential that during these events service coordinators monitor consumers closely to ensure they have enough to eat. During evacuations staff might also be required to work with the fire-brigade and police. Many organisations have these protocols as part of their disaster plan.

Organisations have differing policies in relation to service delivery on declared Code Red Days. Regardless of specific protocols coordinators should strive to ensure that:

- all consumers have enough to eat,
- consumers' health and well-being is monitored over the phone, and
- local authorities and emergency services are assisted during evacuations by service providers liaising with consumers or next of kin.

PURPOSE

There are many examples of Meals on Wheels services saving lives.

Consumers receiving the service sometimes have memory problems and often forget to inform the office they're going out. Duty of care responsibilities dictate that follow up must occur and providers should never make assumptions such as "they go out all the time", or "the neighbour says she saw him go out". This may be the occasion when the consumer has fallen in the bath, is lying on the floor, or the neighbour may have dementia and literally not know what day it is.

The well-being of consumers during natural disasters (potential or actual) is part of the service's 'Duty of Care' to the consumer.

The provision of consumer information to emergency services must be in line with organisational policy. This may include check lists, prompts and other material.

The provision of meals to consumers on declared Code Red Days will be each organisation's policy decision.



MONITORING

G.17 Heatwave

A heatwave is a period of unusual and uncomfortably hot weather that can affect anybody. It can impact on community infrastructure such as power supply, public transport and other services. Heatwaves can exacerbate existing medical conditions and cause heat-related illness which may be fatal.

People most at risk in a heatwave are:

- people aged over 65 years, especially those living alone;
- people who have a medical condition, such as diabetes, kidney disease or mental illness; and
- people taking medications that may affect the way the body reacts to heat.

PURPOSE

The provision of monitoring consumer's wellbeing during a period of Heatwave will be each organisation's policy decision.



THE MEAL

G.18 Menu Design and Recipes

Menus should

- Reflect the seasons, with four different menus a year. A minimum of 15% change of dishes per season/menu is recommended.
- Include at least two choices of main course, plus a daily vegetarian option.

Soups should

- be freshly made and include a variety of flavours and textures.
- be made with fresh ingredients and with little or no artificial (stock cube) additives.

Main courses should

- include roasts, casseroles, bakes, slices, risottos, lasagnes and other pastas, with a variety of textures, including wet and dry (crumbed) dishes; and
- have a separate vegetarian option to include all the main course textures above.

Gravies should

- be made with meat juices from roasting trays, with little or no artificial (stock cube) flavouring added.

Desserts should

- include rice/bread/flour-based puddings, cakes, bakes, crumbles, fruit (stewed and fresh) and baked custards.

Recipes should:

- be standardised, with a list of ingredients, the method, quantity per portion and portion weight.

Where possible, dietary computer software program should have the capacity to print out nutritional data per portion available to consumers upon request.

PURPOSE

Some consumers may have a poor appetite, so it's important to make menus as enticing as possible. Visual design and presentation can influence appetite and should be carefully considered.

Soup should not be made using powdered soup mixes and should not be given to consumers in dry-form, portion-control packets (e.g., where the consumer has to add boiling water).

We acknowledge the difficulties a large kitchen has in making all the stock for soups and gravies. However, many services can greatly reduce their dependence on boosters or powdered stock by collecting all meat juices from cooked meats. These can be used on the day, (although skimming fat is a problem), or chilled or frozen. If the recipe uses good quality ingredients, most soup recipes will need little or no flavour enhancements. If booster has to be added, avoid beef and chicken flavours and use a high quality, MSG-free brand. This will ensure that most soups will also be suitable for vegetarians.



THE MEAL

G.19 Dietary Considerations

Nutrition

The HACCC Program Manual 2013 sets what proportion of the recommended daily intake (RDI) a meal should contain:

- RDI at least one third of energy requirements,
- RDI two thirds vitamin C, and
- RDI half other vitamins, protein and minerals.

Services should aim to provide meals as close to these guidelines and recommendations as possible, although we acknowledge that it's virtually impossible to design a menu that includes this exact combination of food groups every day. Also, the composition of any particular three course meal will be dependent on consumer choice.

Various studies have shown that the RDI formula as applied to MOW often exceeds the energy requirement, but falls short when it comes to calcium and various other nutrients. Therefore, the phrase 'complies' with HACCC guidelines is not strictly accurate. A service can only attempt to design its recipes and menus in line with these guidelines.

Other evidence also makes clear that many consumers spread the components of the meal over lunch and dinner. This emphasises the importance of nutrient-dense meals and generous serving sizes.

Special Dietary Requirements

In cases of special dietary requirements, rather than rely on a broad diagnosis from a GP, consumers should be encouraged to consult a dietician for detailed advice.

All services should provide a diabetic dessert option and, where possible, accommodate modifications to meals and recipes.

Allergies

Any person presenting with a food intolerance or allergy should have a GP's letter stating the type of allergy and special requirements.

No service should commit to providing meals to such consumers without a clear procedure to ensure

- the meal provided complies with the consumer's need
- the meal is not contaminated, and
- the meal is correctly labelled.

This procedure should be checked and approved by an environmental health officer or qualified food safety auditor.

Dietary Preferences

If the menu contains sufficient choice, it should satisfy most dietary preferences. Meals on Wheels services run on very tight budgets and accommodating a range of likes and dislikes is labour intensive and in many cases not practical. This is particularly relevant for vegetables. Responding to special likes and dislikes should be considered a bonus for the consumer, rather than a given.

PURPOSE

It is important to remember that Meals on Wheels services provide one meal a day. This meal usually consists of three courses, plus juice. During the 1980s and 1990s there was much emphasis on low cholesterol and low fat meals (two different things). However, as dietary wisdom shifts and changes, one thing remains constant; most elderly consumers are more likely to be underweight than overweight. Making the meal as appetising and appealing as possible should be the number one priority. This will ensure that the consumer actually eats it. Packing a meal as full of nutrition as possible is very important.

There is no quantitative measurement for quality. A robust and transparent customer feedback system is essential to good customer service. (See Feedback page 17).

Services should only commit to the provision of allergy and special dietary meals if confident they comply with requirements and quality is not compromised. Sometimes it takes effort and extra labour to accommodate special dietary requirements and allergies. However, providing a suitable meal can make a significant difference to a consumer's health and well-being. In such cases, close monitoring by delivery staff and the service coordinator is essential.

Many services do not provide separate diabetic desserts but are ensuring suitability for diabetics by lowering the sugar content of all desserts. In all but extreme cases, artificial sweeteners should not be used.

STAFF TRAINING

G.20 Induction

All staff – including assessment, coordination, administration, kitchen, delivery and volunteers – should be taken through an induction process. This will vary according to the job role, but all staff and volunteers must be briefed on the following

- Overview of HACCC program
- Principles of the Active Service Model
- The objectives of the Meals on Wheels service
- How MOW links in with other services
- Food safety and OHS
- Privacy and confidentiality
- Monitoring and duty of care responsibilities
- Emergencies
- Advocacy
- Consumer feedback

All direct care staff must have a police check.

G.21 Specific Training

Assessment Staff

See **G.5** Trained Assessment Personnel

Coordination and Administration Staff

The level of training will depend on the extent of responsibilities of the job which may also include other programs and services.

Kitchen Production Staff

- Food Handler's Certificate
- Food Safety Refresher Training (annual)
- Food Safety Supervisor Certificate (chef, cook or coordinator only)
- Manual Handling Training (annual)

Delivery Staff (paid and volunteer)

- Food Handler's Certificate
- Food Safety Refresher Training (annual)
- Manual Handling Training (annual)
- First Aid (every 3 years)
- CPR (annual)

PURPOSE

It is recommended that services have an information handbook or manual providing an overview of the service and objectives. To ensure suitability for all staff and volunteers, this should be written in plain language. More detailed information in the form of policies and procedures should also be provided, according to job role and responsibilities.

As part of the induction process, staff should be provided with specific procedures relevant to the job role and sign off to indicate they have received and understood them. This is particularly important in the context of consumer welfare and monitoring, food safety, manual handling and OHS.

In addition to those courses listed opposite, non-certificated training may include dealing with difficult consumers, dementia, nutrition and menu planning.



ASSESSING EFFECTIVENESS OF SERVICE

G.22 Feedback

All services should have a consumer feedback mechanism and a paper-based form to record compliments, complaints or observations.

This form should be easily accessible to deliverers and volunteers (in their run books, for example) and to office-based staff.

A sample of a good feedback form would be one that included

- name of staff member or volunteer,
- name of consumer,
- date,
- comment section,
- categories:
 - Complaint*
 - Compliment*
 - Other / Observation,*
- Action Section (including name of person who has followed up and the date), and
- sign-off by person who originally filled out the form.

The procedure should include

- roles and responsibilities
- storage of forms
- how trends are identified and acted upon, and
- how results are reported to internal staff management and contractors.

Some services provide forms to consumers. This system can be a valuable feedback tool. However, it has often been noted that some elderly people are reluctant to complain. Evidence suggests that this system will provide limited feedback and, if used, should be used in tandem with the staff and volunteer-based system described above.

PURPOSE

Consumer feedback is a vital component of a quality service. If a service provider claims they have not received any complaints in the past month, it indicates their system is not working.

A complaint can be

- “meat was tough”
- “peas were undercooked”
- “soup was too salty”, etc.

Often the best sources of feedback are delivery staff and volunteers, as these are the people consumers trust and are therefore best-placed to record comments.

It is dependent on the service coordinator to encourage a culture of feedback. What staff may dismiss as trivial, whether positive (“the corned beef was lovely yesterday”) or negative (“we’ve had carrots three times this week”), if considered collectively can be significant. If a pattern emerges, it may influence service change.

All staff – office, kitchen and delivery – need to be informed of these comments. Tabling them at team meetings is often the most effective method of communication as it promotes discussion. If “the corned beef was lovely”, the cook should know. This is just as important as a complaint.

All staff should be encouraged to record their own observations, not just those of consumers.



ASSESSING EFFECTIVENESS OF SERVICE

G.23 Surveys

Consumer surveys should be conducted at least bi-annually. Paper-based surveys are recommended and must be confidential. This usually involves sending reply paid envelopes, or plain envelopes to be collected by delivery staff.

The survey should be

- multiple choice with allowance for written comments;
- written in simple, easy-to-understand language; and
- distributed to at least 50% of consumers.

It should ask questions regarding

- the meal, with separate questions on the soup, main, vegetables and dessert;
- choice, texture, taste and packaging;
- delivery times and the service provided by office staff and delivery personnel;
- how the service is important to the consumer and prompts regarding suggestions for improvements; and
- whether consumer lives alone and their social connections.

The survey results should be shared with all staff involved in the service, including senior management, contract staff and volunteers. The results should also inform business planning and continuous improvement processes.

Phone surveys can be conducted using the same type of questions as outlined above. Ideally, this should be undertaken by an independent certified data research company.

G.24 Face-to-face Consultation

It is a good idea to provide opportunities for consumers to speak with staff responsible for cooking and coordinating the service.

This may involve

- user-group meetings,
- formal reference group meeting,
- half-yearly forums, and
- information lunches or morning/afternoon teas

PURPOSE

Continuous quality improvement is a requirement for all HACCP-funded services. The collection and analysis of feedback is a valuable tool for further service improvement and to meet Community Common Care Guidelines quality review requirements.

Consumers sometimes feel more comfortable if they're asked directly about the service in person. Meetings and forums are a good opportunity for formal and semi-formal interactions between consumers and staff.



ASSESSING EFFECTIVENESS OF SERVICE

G.25 Benchmarking

When benchmarking, it is essential to ensure that services are reflecting 'best practice' within the sector in terms of

- quality of meals;
- cost-effectiveness of the management and delivery of service;
- public purse accountability (utilisation of government subsidies and grants);
- transparency of contractual processes;
- consumer satisfaction;
- tangible and measurable Active Service Model principles promoting re-enablement and independence;
- consumer monitoring; and
- management of volunteers.

G.26 Evaluation of Service

Listed below are some examples of selection criteria that can be considered when writing specifications, evaluating prospective tenders or reviewing tendered services.

1. Cost and value for money
2. Plan for service, transition and capacity
3. Management experience, capability and past performance
4. Provision of services and regulations
5. Customer service and flexibility in meal provision
6. Menu choice and cultural and dietary responsiveness
7. Quality Assurance food quality
8. OHS and Food Safety Plan
9. Local content and point of supply
10. Sustainability and tenderer financial viability
11. Relevant registrations and qualifications of staff

PURPOSE

Service providers will need to weight the selection criteria in order of organisational priorities. For example, 'Value for money – 40%'.

Criteria could also be linked together for weighting purposes, for example, criteria 5, 6 and 7 at left at 15%.



Meals on Wheels
Victoria

www.mealsvictoria.org.au