RSL Home Care Brisbane North

Performance Report

2603 Moggill Road   
PINJARRA HILLS QLD 40649  
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**Commission ID:** 700220

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 3 November 2020

**Date of Performance Report:** 17 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers said staff were aware of the consumer’s culture and values and the staff treated them with respect. They said their personal privacy was respected. They said they were supported to maintain their independent lifestyle choices and to maintain relationships of significance.

Consumers said they made decisions regarding the provision of services and could provide feedback to management regarding areas of improvement in the provision of care and services.

Consumers said they had access to care planning documents, they understood the statements and budgets and they were regularly involved in discussions with the service about the budget and the services delivered. They advised the service notified them of any changes to fees and charges and kept them informed on matters that impacted service delivery, such as practices to manage the COVID-19 pandemic.

Consumers said they were supported to take risks to enable them to live the best life they could. Consumers said discussions about risks were held with staff, management and health professionals to inform decision-making. Consumers said education provided to them and planning enabled and supported them to undertake activities involving risk.

Prior to the commencement of home care services, consumers were provided with an information booklet on Home Care Packages and fees and charges. After the consumer’s acceptance of a Home Care Package, a statement, budget and fee schedule were discussed with the consumer. Consumers identified their specific needs and preferences, including scheduling preferences and the services and supports they needed. The consumer was also provided information about the Charter of Aged Care Rights.

Care planning documents demonstrated relevant information was collected to support consumers’ choices and decisions. Staff consulted consumers to determine matters of importance to the consumer and to support consumers to live the best life they could. Staff demonstrated that they were familiar with consumers’ backgrounds and lifestyle choices and preferences and could describe how they supported the consumers. Management said the service recently reviewed care planning documents and identified information that was known by staff was not always included in the documents. Management said care planning documents would be reviewed in consultation with consumers, their representatives and staff to ensure the information was recorded.

The organisation had policies and procedures that provided staff with guidance in the delivery of culturally safe care and supporting consumers to make decisions.

The organisation had assessment processes to identify risks and to support consumers. Management and registered staff said an assessment of risks occurred with the consumer and their representative and with a relevant health professional. Medication assessments were completed for consumers who wished to be independent with their medications. Clinical risks, such as falls, nutrition, mobility or relevant health diagnoses that could impact on a consumer’s ability to leave their home were assessed to enable the consumer to understand the risks and to determine the supports the consumer might need if they wished to attend activities outside the home.

Concerns, incidents or requests for changes to services were escalated to the registered nurses and management for reassessment of care and services and to update care planning documentation if necessary.

The organisation had a policy and process relating to the protection of personal information. Electronic records were password protected and documentation and records were stored in a secure environment.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives interviewed by the Assessment Team said staff and management responded to their concerns and they felt comfortable raising concerns and providing feedback. They said they were provided information on how to make complaints about the service, including to external agencies.

The service had policies and procedures about complaints management and how feedback and complaints contributed to continuous improvement. The service kept records on consumer feedback and complaints and used the information in its continuous improvement processes.

The home care agreement and consumer handbook provided information on complaints management processes, including external complaints and advocacy agencies. Information on complaints and language services was also available from the service. The Assessment Team noted that the consumer handbook was available in different languages including Arabic, Italian, Vietnamese and Macedonian.

Consumers could provide feedback using the organisation’s website, by telephone, email, social media and by using a feedback form or verbally raising issues directly with staff.

Staff were trained in feedback and complaints management. Staff stated they supported consumers and representatives to provide feedback or to make a complaint by helping consumers complete feedback forms or by raising concerns with management on the consumer’s behalf. Staff said consumer feedback was discussed at staff meetings.

Management advised feedback management guidelines included timeframes in responding to and resolving complaints, guidance on communicating with the consumer, and instructions on incorporating feedback in the quality improvement register. As an example of the process, management advised that improvements had been made as part of the actions taken to resolve a complaint about inaccurate information in a monthly statement. An external provider had been engaged to audit monthly statements and a new format for the monthly statements was recommend. New statements were implemented in June 2020 and the service has received positive feedback from consumers on the new monthly statements.

Staff and management described the principles of open disclosure in complaints management. The Assessment Team reviewed documentation relating to a complaint and noted an expression of regret and an explanation about what went wrong. The documentation recorded a resolution to the complaint.

Meeting minutes established that feedback and complaints were discussed at management, staff and consumer meetings and the service made improvements based on the feedback and complaints. The service’s plan for continuous improvement demonstrated that feedback and complaints informed the improvement plan.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.