**Performance**

**Report**

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| Name: | Rural Lifestyle Options Australia Ltd |
| Commission ID: | 701098 |
| Address: | Unit 1, 100 Donald Road, REDLAND BAY, Queensland, 4165 |
| Activity type: | Quality Audit |
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| Performance report date: | 4 April 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9042 Rural Lifestyle Options Australia Ltd  
Service: 28133 Rural Lifestyle Options Australia Ltd

**This performance report**

This performance report for Rural Lifestyle Options Australia Ltd (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report was informed by review of documents and interviews with consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Quality Audit report.

# Assessment summary for Home Care Packages (HCP)

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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 | **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 provider is encouraged to ensure policies and procedures are reflective of aged care legislation and expectations.
* The provider is encouraged to ensure it embeds practice of ensuring records are maintained of consultation to demonstrate consumers and/or representatives are informed of risk, benefits, and mitigating strategies used to minimise harm.
* The provider is encouraged to ensure consumers are made aware of access to aged care advocates and other methods for raising and resolving complaints, including the Commission.
* The provider is encouraged to ensure staff are aware of how to identify and record complaints, ensure an open disclosure process is used, and maintain evidence of how appropriate action is taken in response to complaints.
* The provider is encouraged to ensure the clinical governance framework is informed by policies, procedures, training, monitoring, and reporting processes and reflective of aged care legislation and expectations to ensure provision of safe and quality care and services.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect by staff who were friendly and polite. Staff spoke respectfully about consumers whilst demonstrating awareness of identity. Documentation evidenced the consumer-centric approach to delivery of services.

Consumers said staff understood their needs and preferences, and services were delivered in a way to make them feel safe and respected. Management and staff provided examples of how care and services were tailored to ensure inclusive care and support respectful of needs and preferences, in line with care planning documentation.

Consumers and representatives said consumers were supported to make their own decisions, including about involvement of others in care decisions. Management and staff demonstrated awareness and understanding of consumer choices and preferences, explaining actions to ensure decisions were informed. Documentation reflected consumer involvement in decision-making.

Staff explained they ensured potential risks were discussed with consumers, communicated with the care manager, and consumers were supported to take risks to live the life of choice. Relevant policies only referred to the National Disability Insurance Scheme (NDIS) frameworks, however, the processes reflected consumer freedom of self-determination effectively, and management advised documentation will be updated. Whilst staff could provide examples of supports for consumers with risks, explaining the risk conversations and education provided, these were not reflected within documentation with management committing to changing this process. Based on the information before me, I find Requirement 1(3)(d) compliant, however, I would strongly encourage the provider to ensure policies and procedures are reflective of aged care legislation and expectations, with practices ensuring records are maintained of consultation to demonstrate consumers and/or representatives are informed of risk, benefits, and mitigating strategies used to minimise harm. The Commission may take further assessment and/or monitoring activities to ensure improvements are made to address this and ensure compliance with all obligations within this Requirement.

Consumers and representatives said they received written information to support informed choices, communicated in a way that is easy to understand, including information relating to statements, budgets, and available services. Management explained consumer feedback was used to modify documents to make them clear and accessible. Information in documentation was observed to be current and accurate.

Staff described how they maintained privacy and confidentiality, with management outlining processes to ensure home visits were discrete. Consumers and representatives said they were confident personal information was kept private, and consent for use of personal information is requested with usage outlined. Policies were in the process of being updated, and whilst only reflecting NDIS framework, effectively informed privacy and confidentiality expectations. Based on the information before me, I find Requirement 1(3)(f) compliant, however, I would strongly encourage the provider to ensure policies and procedures are reflective of aged care legislation and expectations. The Commission may take further assessment and/or monitoring activities to ensure improvements are made to address this and ensure compliance with all obligations within this Requirement.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained assessment and planning processes, including reviewing referrals and consulting with consumers on needs and preferences. Responsibility for assessment, planning, and review of consumer needs varies depending upon the consumers’ services, with consumers verifying discussions with their case manager to understand health needs and associated risks. Care planning documentation included alerts and strategies for risks.

Consumers and representatives said care considered and met their needs, goals, and preferences. Staff explained how they ensured assessment and planning captured what was important to consumers within needs, goals, and preferences, with end-of-life wishes discussed in line with consumer preferences. Care planning documentation were individualised, outlining needs, goals, and preferences.

Documentation evidenced involvement of consumers and/or representatives and others involved in care, such as Allied health staff and Medical officers. Consumers said they actively participated in assessment, planning and evaluation of care and services. Staff detailed assessment and planning processes as being undertaken in partnership with others.

Care and services plans were electronic to enable staff access, and a printed copy was provided to consumers and stored within their home. Consumers verified receipt of a copy of their care and services plan said they receive communication on the frequency and type of services with updates if it changes.

Staff explained the process for undertaking annual reviews of care and services plans and circumstances that would trigger reassessment, verified within care planning documentation. Consumers and representatives said staff regularly communicated and adapted care and services to meet their needs.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they received tailored personal and clinical care to meet their needs, and the service offered flexibility in delivery of care and services. Staff demonstrated awareness of consumer care needs and strategies, in line with care planning documentation.

Staff described risks for individual consumers and processes and responsibility for monitoring, Care planning documentation identified risks and management strategies, with a representative confirming staff followed the directives.

Management advised consumer’s nearing end of life would be referred to palliative care services and/or Medical officers, with services increased in line with needs. A representative for a late consumer said staff effectively managed pain and provided physical and emotional support.

Consumer, representatives, and staff explained deterioration or change in health was identified and effectively managed. Care planning documentation reflected monitoring processes used to identify deterioration or change of health, including progress notes, care plan reviews, incident reporting, and feedback from staff, consumers, and representatives. Responsive actions included assessment, monitoring and/or escalation, including transfer to hospital if appropriate, with the care manager alerted. Staff receive training on monitoring and early identification of change in health status.

Staff explained how they accessed care and services plans within consumer homes or the electronic care management system. Internal communication channels included progress notes and emailed updates. Consumers and representatives reported continuity of staff to ensure awareness of consumer needs.

Care planning documentation included evidence of referrals to Allied health professionals and other service providers with timely response. Staff described referral processes, completed in consultation with consumers and/or representatives.

Staff explained methods to monitor for infection and minimise transmission, including screening processes and use of personal protective equipment. Infection control procedures and policies were tailored to NDIS staff and were not considered to be sufficient to address home care services, with management committing to review and address this. Based on the information before me, I find Requirement 3(3)(g) compliant, however, I would strongly encourage the provider to ensure policies and procedures are reflective of aged care legislation and expectations, with staff provided sufficient training to meet expectations of this Requirement. The Commission may take further assessment and/or monitoring activities to ensure improvements are made to address this and ensure compliance with all obligations within this Requirement.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives outlined how provided services and supports aided consumers to maintain independence and enhance their quality of life whilst remaining at home. Staff explained how they helped consumers do as much for themselves if this was in line with preferences. Care planning documentation explained the way services and supports were to be provided, reflecting involvement of the consumer.

Staff explained how they supported the well-being of consumers experiencing low mood or at risk of isolation. Care planning documentation included information on emotional, spiritual, and psychological needs. Consumers gave examples of how staff provided psychological and social assistance.

Consumers and representatives said the flexibility in delivery of services enabled consumers to participate in the community and do things of interest. Staff provided examples of supporting consumers maintain relationships. Care planning documentation identified people and activities of importance to consumers.

Consumers advised continuity of care through regular staff aided understanding of their needs and preferences. Staff said they were informed of changes to consumer condition prior to visits and could access information on changes through reviewing care planning documentation. Documentation demonstrated communication about consumers through emails, progress notes, and reports.

Staff explained referral processes, undertaken in consultation with consumers. Care planning documentation demonstrated timely and appropriate referrals and supports through other services and organisations. Consumers gave examples of referrals for home modifications and social supports with positive outcomes.

Nutritional needs of consumers were supported through assistance with subcontracted meal delivery services if required. Care planning documentation reflected dietary needs and preferences, and supportive assistance. Consumers expressed satisfaction with food options.

Management outlined processes for assessment, obtaining, maintaining, and replacing equipment, including where responsibility is shared with a brokered service. Staff explained processes for identifying and reporting safety risks relating to equipment.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were aware of how to provide feedback or make complaints and felt supported to do so. Management described different channels for feedback and complaints, including written and verbal options. Details on how to lodge a complaint or provide feedback were provided to consumers within the information pack.

Information about advocates and complaint services were included within the welcome pack. Management advised there was currently no need, however, they could access interpreting services if required. Whilst consumers and representatives said they were unaware of external complaint services, they felt there was no reason to seek assistance. Whilst NDIS and Aged Care complaint expectations were similar, policies and procedures only reflected NDIS requirements, with management advising policies and procedures were still being updated. Based on the information before me, I find Requirement 6(3)(b) compliant, however, I would strongly encourage the provider to ensure policies and procedures are reflective of aged care legislation and expectations, with consumers made aware of access to aged care advocates and other methods for raising and resolving complaints, including the Commission. The Commission may take further assessment and/or monitoring activities to ensure improvements are made to address this and ensure compliance with all obligations within this Requirement.

Staff explained the complaint mechanisms, including how they would respond. Despite management identifying concerns raised by consumers, documented within progress notes, these were not captured within the complaint register. Management advised they did not consider examples brought forward constituted complaints, which is why they were not recorded. Based on the information before me, I find Requirement 6(3)(c) compliant, however, I would strongly encourage the provider to ensure staff are aware of how to identify and record complaints, ensure an open disclosure process is used, and maintain evidence of how appropriate action is taken in response to complaints. The Commission may take further assessment and/or monitoring activities to ensure improvements are made to address this and ensure compliance with all obligations within this Requirement.

Management provided examples of how they collected feedback and used information to drive improvements.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there was sufficiency of workforce to ensure services were provided in accordance with needs and preferences, and staff were generally on time. Staff said they had enough time and information to provide safe and effective services. Management explained rostering and processes to fill unplanned leave whilst ensuring consumer needs were considered.

Management explained recruitment processes ensured staff values aligned with those of the organisation. Staff spoke with and about consumers in a kind and respectful manner.

Staff explained provision of mandatory education and training programs. Processes were in place to monitor security checks, vaccination records, mandatory training, and validity of drivers’ licenses. Management advised brokered contracts were monitored and records maintained, including qualifications of staff.

Management outlined recruitment and retention strategies. Overall, staff said they felt supported by management, with sufficient training opportunities available to ensure they had knowledge to meet consumer needs.

Management explained probation and performance review processes undertaken for permanent staff, with informal processes for casual staff, and monitoring of performance of brokered staff through feedback. Staff confirmed undertaking performance reviews, with most saying they received sufficient feedback on performance. Consumers said management actively seek feedback on staff, especially when there are new staff.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management outlined how they capture consumer views through formal and information feedback pathways and ongoing consultation. The service has not yet commenced planned survey processes and a consumer advisory body has not been formed and plans for the governing body to meet with consumers were also in exploratory stages. However, consumers expressed satisfaction with the level of input they offered into service delivery.

Management explained how the governing body was informed through monthly reports capturing incidents, complaints, feedback, and staffing levels. Meeting minutes demonstrated performance of the service was discussed by the Board to ensure consumers were receiving safe, inclusive, and quality care and services.

The organisation’s governance systems provided an effective framework to oversee and manage information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Policies and procedures did not reference aged care requirements and legislation, only focusing on NDIS framework, including relating to the Code of Conduct with continuous improvement activities reflecting intent to review. Regulatory compliance was monitored through subscriptions to regulatory bodies with information distributed to consumers and/or staff as required, however, evidence before me reflects this is undertaken by management, rather than through Board accountabilities. Based on the information before me, I find Requirement 8(3)(c) compliant, however, I would strongly encourage the provider to ensure policies and procedures are reflective of aged care legislation and expectations. The Commission may take further assessment and/or monitoring activities to ensure improvements are made to address this and ensure compliance with all obligations within this Requirement.

The risk management framework consisted of policies and procedures to identify and respond to risk. Management explained how incidents, reported within the Incident management system, were assessed, followed up, and resolved or escalated, with data used to inform continuous improvement activities. Consumers reported being enabled to live their best lives through making supported choices or raising concerns or requesting changes. Whilst management demonstrated awareness of reporting through the Serious Incident Response Scheme, the evidence before me does not outline staff understanding of their responsibilities to report incidents. Based on the information before me, I find Requirement 8(3)(d) compliant, however, I would strongly encourage the provider to ensure policies and procedures are reflective of aged care legislation and expectations, outlining staff obligations and informing training. The Commission may take further assessment and/or monitoring activities to ensure improvements are made to address this and ensure compliance with all obligations within this Requirement.

The organisation’s Continuous improvement plan included activity to form a clinical care committee to with recruitment of a Director with a clinical background. Practices and documentation, including an outbreak management plan, informed staff actions. Staff and management demonstrated awareness of principles and application of open disclosure. Based on the information before me, I find Requirement 8(3)(e) compliant, however, I would strongly encourage the provider to ensure the clinical governance framework is informed by policies, procedures, training, monitoring, and reporting processes and reflective of aged care legislation and expectations. The Commission may take further assessment and/or monitoring activities to ensure improvements are made to address this and ensure compliance with all obligations within this Requirement.

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)