Trilogy Care Pty Ltd

Performance Report

Terrace Office Park, South Tower, Level 1, 527 Gregory Terrace
FORTITUDE VALLEY QLD 4006
Phone number: 1300 459 190

**Commission ID:** 701080

**Provider name:** Trilogy Care Pty Ltd

**Quality Audit date:** 28 January 2022 to 2 February 2022

**Date of Performance Report:** 5 April 2022

# Performance report prepared by

G McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2038.

# Services included in this assessment

**Home Care:**

* Trilogy Care Pty Ltd, 27804, Terrace Office Park, South Tower, Level 1, 527 Gregory Terrace, FORTITUDE VALLEY QLD 4006

# Standard 5 is not applicable to this service and was not assessed

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP  | Not Compliant |
| Requirement 1(3)(a) | HCP  | Compliant  |
| Requirement 1(3)(b) | HCP | Compliant  |
| Requirement 1(3)(c)  | HCP | Compliant  |
| Requirement 1(3)(d)  | HCP | Not Compliant |
| Requirement 1(3)(e)  | HCP | Compliant  |
| Requirement 1(3)(f)  | HCP | Compliant  |
| Standard 2 Ongoing assessment and planning with consumers |
|  | HCP  | Not Compliant  |
| Requirement 2(3)(a) | HCP | Not Compliant |
| Requirement 2(3)(b) | HCP | Compliant |
| Requirement 2(3)(c) | HCP | Compliant  |
| Requirement 2(3)(d) | HCP | Compliant  |
| Requirement 2(3)(e) | HCP | Compliant  |

|  |  |  |
| --- | --- | --- |
| Standard 3 Personal care and clinical care | HCP  | Not Compliant |
| Requirement 3(3)(a) | HCP  | Not Compliant |
| Requirement 3(3)(b) | HCP | Not Compliant |
| Requirement 3(3)(c)  | HCP | Compliant  |
| Requirement 3(3)(d)  | HCP | Compliant  |
| Requirement 3(3)(e)  | HCP | Compliant  |
| Requirement 3(3)(f)  | HCP | Compliant  |
| Requirement 3(3)(g)  | HCP | Compliant  |
| Standard 4 Services and supports for daily living |
|  | HCP  | Compliant  |
| Requirement 4(3)(a) | HCP | Compliant  |
| Requirement 4(3)(b) | HCP | Compliant  |
| Requirement 4(3)(c) | HCP | Compliant  |
| Requirement 4(3)(d) | HCP | Compliant  |
| Requirement 4(3)(e) | HCP | Compliant  |
| Requirement 4(3)(f) | HCP | Compliant  |
| Requirement 4(3)(g) | HCP | Compliant  |
| Standard 5 Organisation’s service environment |
|  | HCP  | Not Applicable |
| Requirement 5(3)(a) | HCP | Not Applicable |
| Requirement 5(3)(b) | HCP | Not Applicable |
| Requirement 5(3)(c) | HCP | Not Applicable |
| Standard 6 Feedback and complaints | HCP  | Compliant  |
| Requirement 6(3)(a) | HCP  | Compliant  |
| Requirement 6(3)(b) | HCP | Compliant  |
| Requirement 6(3)(c)  | HCP | Compliant  |
| Requirement 6(3)(d)  | HCP | Compliant  |
| Standard 7 Human resources | HCP  | Compliant  |
| Requirement 7(3)(a) | HCP  | Compliant  |
| Requirement 7(3)(b) | HCP | Compliant  |
| Requirement 7(3)(c)  | HCP | Compliant  |
| Requirement 7(3)(d) | HCP | Compliant  |
| Requirement 7(3)(e)  | HCP | Compliant  |

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| --- | --- | --- |
| Standard 8 Organisational governance | HCP  | Not Compliant |
| Requirement 8(3)(a) | HCP  | Compliant  |
| Requirement 8(3)(b) | HCP | Compliant  |
| Requirement 8(3)(c)  | HCP | Compliant  |
| Requirement 8(3)(d) | HCP | Not Compliant |
| Requirement 8(3)(e)  | HCP | Compliant  |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, 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 Quality audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the quality audit report received 16 March 2022.

# STANDARD 1 Consumer dignity and choice

#  HCP Not Compliant

### 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 and representatives interviewed advised that:

* They are able to choose the care staff that deliver services and are supported in this
* They are treated with dignity and respect and individual diversity and cultural background is considered in the provision of care
* They are encouraged to maintain their independence, make decisions about who is involved in decisions about their care
* They are able to engage staff who are flexible with delivering services based on their personal preferences at the time
* Information regarding their services, including care plans and monthly statements is accurate and provided in a timely manner.
* Their personal privacy is respected and their personal information is kept confidential.

Staff demonstrated knowledge of communicating effectively with consumers/representatives, and provided examples of responding to consumer’s choices and preferences in according to their specific needs and preferences.

The service’s processes, and practices adopted by management and staff support ongoing engagement and communication with consumers/representatives to understand each consumer’s background and history.

However, while consumers and representatives described how, upon commencement of service, the service discusses risks consumer’s may wish to take to maintain their independent lifestyle and activities, these risks were not consistently documented in care plans to guide staff service delivery, and risk mitigation strategies are not consistently discussed and documented with the consumer/representative.

The Quality Standard for the Home care packages services are assessed as Non-compliant as one (1) of the six specific requirements has been assessed as Non-compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP  | Compliant |
|  |   |  |

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

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| --- | --- | --- |
| Requirement 1(3)(b) | HCP  | Compliant |
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### *Care and services are culturally safe.*

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| --- | --- | --- |
| Requirement 1(3)(c) | HCP  | 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) | HCP  | Not Compliant |
|  |   |  |

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

Findings

The Assessment team found that, while consumers and representatives described how, upon commencement of service, the service discusses risks consumers may wish to take to maintain their independent lifestyle and activities, these risks were not consistently documented in care plans to guide staff service delivery, and risk mitigation strategies are not consistently discussed and documented with the consumer/representative. Risk assessments, including home risk assessments, were not always consistently completed and key risks not identified, and strategies to manage risks not always documented in consumers care documentation to guide staff in the delivery of care and services, including in relation to falls risk, choking, visual impairment and mobility.

The Assessment Team reported it raised these matters with management, who confirmed the lack of consumer assessments had previously been identified in an analysis undertaken in November 2021, and that it was addressing the completion of consumer risk assessments as part of the service’s Plan for Continuous Improvement (PCI).

In its response the approved provider stated that its appointed Clinical Risk Manager, created an instructional PowerPoint for the benefit of its care team to inform Dignity of Risk Management, and that it was confident its care team is adequately trained to deliver the outcomes of this requirement.

I acknowledge the approved provider’s engagement with the issues and the measures it has implemented to identify and address the concern identified. However, I consider these measures are still in the process of implementation and will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not-Compliant with this requirement.

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| --- | --- | --- |
| Requirement 1(3)(e) | HCP  | 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.*

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| --- | --- | --- |
| Requirement 1(3)(f) | HCP  | Compliant  |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

#  HCP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Sampled consumers/representatives generally considered that they feel like partners in the ongoing assessment and planning of their care and services. They stated that:

* They are involved in care planning and have a copy of the care plan.
* Staff talk to them about their care and services and phone them regularly to check their care and services are meeting their needs.

Consumers/representatives were able to provide examples of how other providers of care and services are involved in meeting consumer’s healthcare needs and the service demonstrated care and services are reviewed for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Assessment and care planning included advance care planning and end of life planning if the consumer’s wished.

The service has an Electronic care management system (ECMS) in place, and consumer care plans are reviewed annually for effectiveness, and when their circumstances change or when incidents occur. Documentation reviewed showed integrated and coordinated involvement of third-party providers of other care and services, according to consumer’s identified needs and choice.

However, assessment and planning did not consider risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services.

The Quality Standard for the Home care packages services is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP  | Not Compliant |
|  |   |  |

*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.*

Findings

The Assessment Team found that assessment and planning did not consider risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services. For some consumers, while key risks had been identified, these had not been adequately assessed and strategies to manage those risks had not been identified or documented. Care plans reviewed did not include sufficient detail about assessed needs and risks to the consumer to guide staff in the delivery of care and services. For some consumers, care planning documents did not always demonstrate assessment and planning considered all risks for consumers, including risks associated with falls, choking and aspiration, pressure injury and responsive behaviours. Consumer care plans were not consistently individualised relative to the risks to each consumer’s health and well-being, and did not include sufficient detail about assessed needs and risks to the consumer to guide staff in the delivery of care and services. For example, key risks were not always identified and home environment risk assessments not always completed.

The Assessment Team reported that management advised it was working through completing risk assessments for all consumers as identified in the service’s PCI.

In its response the approved provider stated that with the recruitment of additional case management and Clinical Risk Management it was continuing the fulfil the gaps in Risk Management processes, management plans and assessment tools for Consumers with identified risks, but acknowledged that this was still in progress.

I acknowledge the approved provider’s engagement with the issues and the measures it has implemented to identify and address the concern identified. However, the approved provider acknowledged these measures were not completed, and I consider that it will require time to complete this process and embed the improvements.

I find that at the time of the Quality Audit the approved provider was Not-Compliant with this requirement.

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| Requirement 2(3)(b) | HCP  | Compliant |
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*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.*

Findings

The Assessment Team found that where needs and risks to the consumers health and well-being were identified, care plans did not contain sufficient information to guide staff practice. I have considered that information under Standard 2 requirement 2(3)(a).

The Assessment Team found that the service documents consumer’s advance care planning (ACP) and end of life (EOL) planning needs as per the consumer wishes. Most consumers confirmed this. It also found that care documentation demonstrated case manager’s check if consumers have ACP on entry to the service. The service documents if the consumer has an Enduring power of Attorney (EPOA), ACP and SOC documentation, in the ECMS, and that the service has started reviewing this on a regular basis. The case manager advised that consumers who do not wish to complete ACPs have indicated this preference, and this has been respected.

I find this requirement Compliant.

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| --- | --- | --- |
| Requirement 2(3)(c) | HCP  | Compliant  |
|  |   |  |

*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.*

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| Requirement 2(3)(d) | HCP  | Compliant  |
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*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.*

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| --- | --- | --- |
| Requirement 2(3)(e) | HCP  | Compliant  |
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*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.*

# STANDARD 3 Personal care and clinical care

#  HCP Not Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and their representatives stated they have access to a Medical Officer (MO’s) or Allied Health Practitioners (AHP’s) when they need it, that they receive care and services in line with their preferences for End of Life care, including for dignity and comfort and that they receive when they are unwell, and that deterioration in their health is responded to in a timely manner, with their preferences being met.

The documented individual needs of consumers included timely and appropriate referrals to MOs and AHPs, and the sharing and communication of information to support the consumers health and well-being. Care documentation reflects the identification of, and response to, changes in the consumer’s condition and/or health status. Clinical records reflect referrals to a range of AHP’s, including physiotherapists, Podiatrists, nursing, gardening and maintenance, meal service providers. The service has a documented infection control process, including an Outbreak Management Plan and education and training for staff.

The service completes a care plan with consumers/representatives, assisting them to source third party providers of personal and clinical care through the plan management or plan management plus support co-ordination service.

However, the service did not demonstrate that each consumer gets safe and effective personal and clinical care, is tailored to their needs, or optimises their health and well-being. In particular, care planning documents did not always describe consumers current personal and clinical needs, including management and progression of clinical conditions, or records of reviews by a Registered Nurse.

While management and staff described the policies and procedures relevant to care planning, and that management and brokered staff could describe the individual needs, preferences and clinical/personal care risks for sampled consumers and how these are being managed or monitored, the service lacks clinical care procedures and best practise guidelines to assist staff to address how consumer’s clinical care needs are to be met.

In addition, the service was unable to demonstrate the effective manages high impact or high prevalence risks associated with the care of each consumer.

The Quality Standard for the Home care packages services are assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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| Requirement 3(3)(a) | HCP  | Not Compliant |
|  |  |  |

*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.*

Findings

The Assessment Team found that the service did not demonstrate that each consumer gets safe and effective personal and clinical care, is tailored to their needs, or optimises their health and well-being. In particular, care planning documents did not always describe consumers current personal and clinical needs, including management and progression of wounds, updates on provision of palliative care or progress, pain management or mobilisation, use of pressure relieving equipment and nutritional management, strategies to reduce risk of choking and minimisation of falls, or records of reviews by a Registered Nurse.

The Assessment Team also found that while management and staff described the policies and procedures relevant to care planning, and that management and brokered staff could describe the individual needs, preferences and clinical/personal care risks for sampled consumers and how these are being managed or monitored, the service lacks clinical care procedures and best practise guidelines to assist staff to address how consumer’s clinical care needs are to be met, including in relation to pain, falls, wound care management, choking and aspiration and Diabetes.

The Assessment Team reported that management stated it had already identified their processes were not always effective as raised in its recent self-assessment, and was currently addressing areas raised through its PCI.

In its response the approved provider did not specifically address this requirement but based on its response generally and the Assessment Team’s report, I am satisfied it had previously identified areas for improvement and is working toward rectifying the matters identified.

While I acknowledge that areas for improvement were identified by the approved provider and were being actioned, I consider these measures will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not-Compliant with this requirement.

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| --- | --- | --- |
| Requirement 3(3)(b) | HCP  | Not Compliant |
|  |   |  |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that, while consumers/representatives interviewed said that the service discusses their care and services with them and supports the consumer in minimising risks, the service was unable to demonstrate the effective manages high impact or high prevalence risks associated with the care of each consumer. Information is not always reflected in the consumers care documentation, including the identification of high impact or high prevalence risks, strategies or guidance for brokered staff of third-party providers who regularly provide services to consumers. In addition, the service did not demonstrate it adequately assessed or managed high impact and high prevalence risks following incidents. The Assessment Team identified deficiencies in the management and monitoring of risks associated with falls management, choking and aspiration, management of consumers with diabetes and cognitive impairment. Further, the care plans of 3 consumers regarded as vulnerable due to living alone did not evidence strategies to manage their vulnerability.

In addition, the Assessment team found that, while management could identify falls as the highest impact and high prevalence risks for consumers, with additional risk factors including consumers with wandering and challenging behaviours due cognitive decline, aspiration/choking and infections, and that clinical incident data is collected monthly, that data had not been analysed for trends to feed into its PCI.

The Assessment Team reported that it sought the service’s response to this information, and Management advised an audit conducted in November 2021 had identified the concerns above and the service have commenced actions in relation to identified deficiencies as per the service’s PCI, including implementing a new process where all consumer care plans are reviewed by the Care manager and appointing a Clinical Risk Manager (CRM) who would be responsible for overseeing and monitoring consumer clinical assessment, care planning and management of high impact high prevalence risks.

In its response, the approved provider stated it has already identified the areas for improvement in its PCI and self-assessment, had worked through all high impact and high prevalence risks and felt it had risk profiles with strategies for preventative actions defined, ongoing management plans or other assessments as required.

While I acknowledge that areas for improvement were identified by the approved provider and were being actioned, and its strong engagement with the issues, I consider these measures will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not-Compliant with this requirement.

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| Requirement 3(3)(c) | HCP  | Compliant  |
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*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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| Requirement 3(3)(d) | HCP  | Compliant  |
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*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.*

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| --- | --- | --- |
| Requirement 3(3)(e) | HCP  | Compliant  |
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*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.*

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| Requirement 3(3)(f) | HCP  | Compliant  |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| --- | --- | --- |
| Requirement 3(3)(g) | HCP  | Compliant  |
|  |   |  |

*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.*

# STANDARD 4 Services and supports for daily living

#  HCP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers/representatives interviewed generally considered that the consumer is supported by the service to do the things they like to do, and that promotes their mental health, well-being and enhances their quality of life. They also stated that the service accommodates and supports consumer requests and choices of service providers and care staff, and also supports them to do the things that are important to them.

Staff explained the variety of ways how they share information within the organisation and with others were responsibility of care is shared. Consumers are referred to health professionals and other organisations to inform their decisions regarding support required for daily living, including transport, equipment, social support and gatherings to meet their social and human needs. Staff also described how they are kept informed of the changing needs of consumers, and service documentation detailed the consumer’s life history, personal interests, cultural communication needs, religious beliefs and persons of significance.

The service had policies and procedures to ensure consumer’s equipment are routinely inspected by brokered providers to ensure its operational integrity and safety is maintained.

The Quality Standard for the Home care packages services are assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

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| --- | --- | --- |
| Requirement 4(3)(a) | HCP  | Compliant  |
|  |   |  |

*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.*

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| --- | --- | --- |
| Requirement 4(3)(b) | HCP  | Compliant  |
|  |   |  |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| --- | --- | --- |
| Requirement 4(3)(c) | HCP  | Compliant  |
|  |   |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP  | Compliant  |
|  |   |  |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| --- | --- | --- |
| Requirement 4(3)(e) | HCP  | Compliant  |
|  |   |  |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| --- | --- | --- |
| Requirement 4(3)(f) | HCP  | Compliant  |
|  |   |  |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| --- | --- | --- |
| Requirement 4(3)(g) | HCP  | Compliant  |
|  |   |  |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

#  HCP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The service does not have a location where consumers attend. This Standard does not apply and has not been assessed as part of the quality audit.

**STANDARD 6 Feedback and complaints**

#  HCP Compliant

### 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/representatives interviewed explained the process to follow when raising a concern or providing feedback with the service and were able to do this verbally, via the website, email or text, in writing or through their representative who would raise concerns on their behalf.

Consumers/representatives self-manage their HCP and stated that brokered care staff are interviewed and selected by them to deliver services if they had any concerns with the performance of staff, they would raise this with the brokered staff/ brokered provider directly. They also stated they were comfortable in raising concerns with staff and management and provided examples of times they had raised issues or concerns, and they were generally resolved in a timely manner.

Complaints and feedback are monitored through meetings, logged in a Complaints Register and detail information on the concerns raised and actions taken. Improvements have been made by the service in response to feedback and complaints however not all the improvements were detailed in the Plan for Continuous Improvement (PCI). Management advised they would update the PCI with improvements that had been actioned that had resulted from feedback and complaints.

Staff and Management were able to describe how they would assist consumers with cognitive or communication difficulties raise complaints or provide feedback.

The organisation has policies and procedures on open disclosure and elder abuse and brokered care staff said they have received training in open disclosure and elder abuse. Management and staff demonstrated their understanding of applying open disclosure including acknowledging and apologising when a mistake was made.

The Quality Standard for the Home care packages services are assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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| --- | --- | --- |
| Requirement 6(3)(a) | HCP  | Compliant  |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP  | 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) | HCP  | Compliant  |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP  | Compliant  |
|  |  |  |

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

# STANDARD 7 Human resources

#  HCP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers/representatives provided feedback that they get safe, quality care and services when required and consumers reported brokered care staff are kind, caring and respect their culture, individual identity and diversity. They also stated they self-manage their package and are able to choose the care staff that deliver services to them.

The service has an ongoing recruitment process for service staff including case managers and clinical staff to support consumers in self-managing their package and monitoring brokered providers performance in the delivery of services to consumers. In addition, the organisation regularly reviews the skills, qualifications and competencies of the service workforce and when there are changes in the consumer’s care and preferences, staff support consumers/representatives in sourcing brokered care staff to deliver safe, respectful and quality care and services.

The service has an orientation and training program in place and HR performance management framework in place to regularly assess, monitor and review the performance of each member of the service’s workforce.

The Quality Standard for the Home care packages services is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

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| --- | --- | --- |
| Requirement 7(3)(a) | HCP  | Compliant  |
|  |  |  |

*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.*

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| --- | --- | --- |
| Requirement 7(3)(b) | HCP  | Compliant  |
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*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| --- | --- | --- |
| Requirement 7(3)(c) | HCP  | Compliant  |
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*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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

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| --- | --- | --- |
| Requirement 7(3)(e) | HCP  | Compliant  |
|  |  |  |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

#  HCP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers considered the organisation was well run and provided feedback that the service partners with them to improve the delivery of care and services. Service staff and brokered staff were able to demonstrate an understanding of open disclosure and how they would identify and report neglect and/or abuse of a consumer.

The service’s governing body has established processes to show it is accountable for providing governance systems which deliver safe, inclusive, and quality care and services to consumers, that meet the Aged Care Quality Standards (ACQS). Consumers/representatives interviewed, and documentation confirmed, that consumers are engaged in the development, evaluation and improvement of care and services.

However, the service was unable to demonstrate that there is an effective risk management system for the management of high impact and high-prevalence risks associated with the care of consumers. While the service has a risk management framework and policies and procedures, to guide staff practice, the service did not demonstrate these were consistently implemented for the effective management of high impact or high prevalence risks.

The service does have an IMS in place however management advised they have only recently commenced a clinical governance reporting process which will involve trending, analysing and responding to high impact of high prevalence through the IMS.

The Quality Standard for the Home care packages services are assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements*.*

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| Requirement 8(3)(a) | HCP  | Compliant |
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*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

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| --- | --- | --- |
| Requirement 8(3)(b) | HCP  | Compliant  |
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*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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| Requirement 8(3)(c) | HCP  | Compliant  |
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*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.*

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| --- | --- | --- |
| Requirement 8(3)(d) | HCP  | Not Compliant |
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*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.*

Findings

The Assessment team found that while the service has a risk management framework and policies and procedures, to guide staff practice, the service did not demonstrate these were consistently implemented for the effective management of high impact or high prevalence risks. The Assessment Team identified deficiencies in the management and monitoring of risks associated with falls management, choking and aspiration, and management of consumers with diabetes and cognitive impairment.

While the organisation has a risk management framework and policies and procedures to guide staff practice in identifying and responding to risk, and has an Information Management System (IMS), the Assessment Team found that the service had only recently commenced a clinical governance reporting process which will involve trending, analysing, and responding to high impact of high prevalence risk through the IMS, with the first clinical governance meeting will be commencing in February 2022.

In its response the approved provider did not specifically address this requirement, but had noted in other areas of its response that it had already identified the areas for improvement in its PCI and self-assessment, had worked through all high impact and high prevalence risks and felt it had risk profiles with strategies for preventative actions defined, ongoing management plans or other assessments as required. Based on this and the Assessment Team’s report, I am satisfied it had previously identified areas for improvement and is working toward rectifying the matters identified.

While I acknowledge that areas for improvement were identified by the approved provider and were being actioned, and its strong engagement with the issues, I consider these measures will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not-Compliant with this requirement.

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| Requirement 8(3)(e) | HCP  | Compliant  |

*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.*

# 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 1(3)(d) |   |  |

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

### Demonstrate that each consumer is supported to take risks to enable them to live the best life they can, by consistently completing risk assessments and identifying risks, and ensuring risk mitigation strategies are discussed with consumers and documented.

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| 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.*

* Ensure that assessment and planning considers risks consumer’s health and well-being, to inform the delivery of safe and effective care and services, in particular, that risks are identified, assessed and strategies to manage those risks are identified and documented, such that sufficient and accurate information is available to guide staff in the delivery of care and services.

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| 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.*
* Demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs and optimises their health and well-being by, including but not limited to:
	+ Ensuring care planning documents always describe consumers current personal and clinical needs;
	+ Ensuring clinical reviews are documented and shared appropriately; and
	+ Providing clinical care procedures and best practise guidelines to assist staff to address how consumer’s clinical care needs are to be met

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| Requirement 3(3)(b) |   |  |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

* Demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer by, including but not limited to:
	+ Identifying and assessing high impact or high prevalence risks, and strategies or guidance for carers in care planning documentation
	+ Adequately assessing and managing high impact and high prevalence risks following incidents
	+ Evidencing strategies to manage the vulnerability of consumers living alone; and
	+ Analysing clinical incident data for trends
* Monitor and review the effectiveness of improvements implemented

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| --- | --- | --- |
| 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.*
* Implement effective risk management systems and practices, particularly in relation to the management of high impact or high prevalence risks associated with the care of consumers, through managing and monitoring identified high impact or high prevalence risks, and analysing clinical incident data for trends
* Monitor and review the effectiveness of the systems and practices implemented