**F7Performance**

**Report**

**1800 951 822**

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| Name of service: | Trilogy Care Pty Ltd |
| Service address: | Terrace Office Park, South Tower, Level 1, 527 Gregory Terrace FORTITUDE VALLEY QLD 4006 |
| Commission ID: | 701080 |
| Home Service Provider: | Trilogy Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 16 November 2022 |
| Performance report date: | 26 December 2022 |

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

**This performance report**

This performance report for Trilogy Care Pty Ltd (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

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

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 9 December 2022
* Discussions with and correspondence between the Delegate and the approved provider’s Chief Operating Officer
* Correspondence between the Delegate and the approved provider’s Clinical Governance Manager.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 1 Requirement 1(3)(d)** - Each consumer is supported to take risks to enable them to live the best life they can.
* **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.
* **Standard 3 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

* **Requirement 8(3)(d)** - Effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-compliant |

Findings

One (1) specific requirement of this Standard was assessed and I have found that requirement to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The Assessment Team found that the service did not demonstrate that, when a decision is made by the consumer that may have an element of risk or when the choice could be potentially harmful to the consumer, that a dignity of risk process was consistently applied. Care documentation provided to the Assessment Team did not reflect that certain choices are risk assessed or that consumers are assisted to understand the risk, problem solve and identify strategies to manage the risk in order to live the best life they can.

Most consumers and representatives described ways the care and services allowed them to remain living at home and living the best life they can, and expressed variously that individual support workers understood their needs and were respectful of their choices. They were satisfied they could make choices about their support worker and the care decisions within the package.

However, the Assessment Team found that a review of care documentation did not demonstrate that all risks to a consumer’s health and wellbeing are identified through the assessment and planning processes (see 2(3)(a) for further information). In relation to being supported to take risks, care documentation did not adequately demonstrate that consumers were supported to take risks or that potential risks related to consumer or representative choices was discussed, problems solved and mitigated. For particular consumers, this was observed in relation to a representative not wanting the consumer to use mobility aids or pendant alarm, or have an occupational therapist assessment, a representative treating a consumer’s wounds and the consumer not attending the medical practitioner for a medical review of wounds, a consumer self-administering medications and the support worker and family dressing the consumer’s wounds and a lack of detail on what may be the risks associated with this choice, and how the risks will be managed where case notes recorded verbal acceptance of risk.

The Assessment Team reported that at the Assessment Contact management discussed their understanding, approach to, and review of consumers dignity of risk including their awareness of consumers’ right to make choices. Management described how their self-managed home care package model supports consumer’s independence to make their own choices. It reported that the dignity of risk procedure is currently under review and the service practices a risk management approach to consumer choice.

The Assessment Team also found that, while management report significant changes in the assessment and planning processes including recently implemented tools and templates along with staff training, the service did not adequately demonstrate that each consumer is supported to take risks to enable them to live the best life they can, as reflected in the sample group.

In its written response the approved provider comprehensively addressed the information identified in relation to identified consumers. In particular, it engaged strongly with the Delegate in relation to one consumer and this is acknowledged. It acknowledged challenges with provision of consumer documentation at the time of the Assessment Contact. It acknowledged the findings of the Assessment Team and provided additional documentation. It noted that it does not employ or manage a direct workforce providing supports under a consumers.

It also acknowledged that it could improve its documentation, and set out a number of improvements it had or is implementing to address the issues identified, including review of policies and procedures (including ‘Balancing Dignity of Risk’ and ‘Risk Assessment’), introducing a risk identification model, standardising documentation requirements, aligning all clinical and governance functions and enhancing its ability to monitor and respond to risks.

In addition, it identified appointments of key personnel, including a General Manager, Clinical and Care Governance and a Learning and Development Manager. Further, it noted that it had resolved to cease intake of new clients for a period to consolidate its improvements.

I acknowledge the significant effort the approved provider has expended and the open-ness demonstrated in its response. I note that while it acknowledged the findings of the Assessment Team it disputed some aspects of its findings. However, I agree with the Assessment Team’s findings that the approved provider was unable to demonstrate that consumers were supported to take risks or that potential risks related to consumer or representative choices was discussed, problems solved and mitigated. The documentation and information supplied did not demonstrate that in all instance’s consumers are supported to take risks to enable them to live the best life they can.

In addition, I consider that the improvements identified, while comprehensive, will take time to become embedded and for the approved provider to demonstrate their sustainability. I note that the approved provider has identified that some improvements are expected to be completed in early 2023.

I note that the approved provider stated that it does not employ or manage a direct workforce providing supports under a consumers, however the responsibility to ensure compliance with the Standards and demonstrate this remains with the approved provider. In addition, the approved provider stated that the sampling of consumers by the Assessment Team was not a reliable representation of the type or quality of services provided by it. However, I consider that the issues identified in relation to those consumers clearly demonstrated that improvements were required.

# 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. | Non-compliant |

Findings

One (1) specific requirement of this Standard was assessed and I have found that requirement to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The Assessment Team found that he service did not demonstrate assessment and planning is used to inform and supports the delivery of safe and effective care including consideration of risks. The care documentation provided to the Assessment Team did not demonstrate detailed assessments supported by specialised assessments such as allied health or clinical assessments, or the use of validated risk assessment tools to assess and understand any risks associated with the consumers health and wellbeing. Consumers and representatives were however satisfied with the support staff providing their care and felt their needs were well known by the staff.

The Assessment Team also found that while all consumers sampled have documented care plans, these care plans are not dated making it is difficult to ascertain currency. Information was provided by the service to identify dates of care plans, however according to organisational information, some care and service plans for consumers within the sample group were not finalised for up to 9 months after transferring their package from another provider.

The Assessment Team further found that risks to consumers had not been consistently identified through the assessment and planning process, and that case notes indicated that when the service had been advised of a change in need or service indicating potential risk, the service did not always follow up for reassessment or review of risk.

The Assessment Team reported that at the Assessment Contact management advised that care directives are available to support staff through the availability of the care plan in the consumer’s home at the point of care. However, not all consumers or representatives said they have received a care plan or that a care plan is available in their home for support workers. Three 3 support workers said they had not seen a care plan or the care plan was out of date in relation to the consumer’s needs.

In relation to particular consumers, issues were identified in relation to referrals for assessment, undated care plans or care plans not being completed in a timely manner, and care plans not reflecting changes in health.

In its written response the approved provider gave some clarity and additional information on some of the consumers identified, noting some challenges in submitting documentation at the time of the Assessment Contact. While that information did evidence discussions on care issues and risk in some instances, I am not satisfied that it demonstrated that care planning documentation always reflected consideration of risks to consumer’s health and well-being to deliver safe and effective care and services.

I have acknowledged the approved provider’s engagement with the issues and the improvements implemented, being implemented or planned. In relation to this requirement it identified, for example, a ‘Care Planning Accessibility, Review: accuracy and currency’ project including last updated field for printed care plans, and use of Smart phones to ensure the availability of the latest care plans to care staff. It also noted that it was converting existing consumers to its improved systems and processes.

However, I consider that the improvements identified, while comprehensive, will take time to become embedded and for the approved provider to demonstrate their sustainability. I note that the approved provider has identified that some improvements are expected to be completed in early 2023.

# 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. | Non-compliant |

Findings

Two specific requirements of this Standard were assessed and I have found one (1) of those requirements, 3(3)(a) to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The Assessment Team found that the service did not adequately demonstrate that all consumers are receiving safe and effective personal care and clinical care that is best practice and tailored to the needs of the consumer or optimises their health and wellbeing. Care plans, used as care instructions for staff providing personal care, lack detail to ensure a best practice approach through, for example, clearly articulating the consumer’s particular needs (such as skin checks, pain triggers, falls management, assistance with showering when oxygen in use), preferences (for example, barrier cream to be applied) or identifying equipment to be used for safe showering.

The Assessment Team also found that care plans were not always current or available at the point of care to ensure clinical and personal care services are safely delivered in line with assessed need. There was no evidence provided to the Assessment Team of clinical care plans, including treatment plans for wounds, diabetes management plans or epilepsy/seizure response plans. As such, care guidance to staff on these matters lacked detail to enable the safe delivery of care and services.

The Assessment Team further found that the service did not demonstrate that it receives receive regular external nursing or allied health reports in relation to, for example, wound care speech pathology or physiotherapy to enable clinical oversight, effective service delivery and risk management. Three consumers in the sample group had a representative, support worker or family member dressing their wound. The service did not demonstrate effective clinical oversight to ensure wound management was best practice and tailored to the needs of the consumer.

In its written response the approved provider gave some clarity and additional information on some of the consumers identified, noting some challenges in submitting documentation at the time of the Assessment Contact. Some information was able to demonstrate provision of aspects of clinical care, however even with this documentation it was not always clear in documentation that provision of this clinical care was evident or coordinated, or that the approved provider was always possessed with information to monitor the provision or effectiveness of such care. In one instance the Assessment Team found that a representative had stated that nursing services were ‘really’ needed. In its response the approved provider noted that that consumer had not made a request for nursing in their care plan, however I do not consider that addresses how such clinical care is identified and provided.

Although the approved provider has given clarity on some apparent gaps in information and disputed some findings, on balance I am not satisfied that it could demonstrate that each consumer gets safe and effective personal care and/or clinical care. Further, while the approved provider engaged with the Delegate in a very responsive manner in relation to one particular consumer, and challenges were identified in the provision of care and services to that consumer, I am not satisfied that it could always demonstrate adequate monitoring or oversight of the care to that consumer.

Among the many improvements identified by the approved provider relevant to this requirement is improved care planning, improved clinical governance including appointing a General Manager and improved documentation. In addition, the approved provider noted that it had reviewed its internal processes and resources due to the rapid growth in demand for its services, and is undertaking a rolling program of internal audits.

However, I consider that the improvements identified, while comprehensive, will take time to become embedded and for the approved provider to demonstrate their sustainability. In this regard I note that the approved provider has identified that some improvements are expected to be completed in early 2023.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

The Assessment Team found that the service did not demonstrate that consumers identified as having a high impact or high prevalence risk always have effective strategies in place to prevent and help mitigate risks to the consumer. As identified in 2(3)(a), not all risks associated with the care of the consumer are identified and responded to. It also found that case notes notifying of a potential risk issue did not always trigger follow up and management by the service.

The Assessment Team also found that while the service’s procedure on high impact and high prevalence risks outlines 8 risk high prevalence, high impact risks for consumers including choking risks, medications safety and preventing and managing pressure injuries, risk assessments aligning with care plans and detailed care tasks are not always evident to enable the effective management high impact or high prevalence risks.

However, I consider that this information is referable to Standard 3 requirement 3(3)(a) and have considered it under that requirement, and find this requirement Compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |

Findings

One (1) specific requirement of this Standard was assessed and I have found that requirement to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The Assessment Team found that while the service reports significant improvements in relation to the assessment and management of risk and the service has risk management systems at governance level, the service did not adequately demonstrate effective risk management in relation to the management of high impact or high prevalence risks associated with the care of consumers.

The Assessment Team found that the service did not adequately demonstrate that each consumer is supported to take risks in a considered and risk managed way (see 1(3)(d)), nor did the service adequately demonstrate that assessment and care planning processes include consideration and management of risks to consumers (see 2(3)(a)) or that it could demonstrate that clinical and personal care was always safe and effective (see 3(3)(a)).

I have noted the approved provider’s detailed and highly positive response, and acknowledge its engagement with the issues. The improvements it has implemented or will implement are designed to address issues on both an individual and systemic level. It has allowed itself time to consolidate these measures.

While I have considered the information in relation to effective management of high impact or high prevalence risks associated with the care of each consumer in Standard 3 requirement 3(3)(a), I consider that organisations need to demonstrate management of all risks related to care and services, and I do not consider that the approved provider could demonstrate that its risk management systems and practices adequately supported this.

The improvements identified, while comprehensive, will take time to become embedded and for the approved provider to demonstrate their sustainability. I note that the approved provider has identified that some improvements are expected to be completed in early 2023.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)