**Performance**

**Report**

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| Name of service: | Trilogy Care Pty Ltd |
| Service address: | Terrace Office Park, North Tower, Level 3, 527 Gregory Terrace FORTITUDE VALLEY QLD 4006 |
| Commission ID: | 701080 |
| Home Service Provider: | Trilogy Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 20 January 2023 to 24 January 2023 |
| Performance report date: | 26 February 2023 |

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 M Abjorensen, 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, North Tower, Level 3, 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 Quality Audit; 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

# 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 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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.

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| 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. | Non-compliant |

# 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

Consumers and representatives said they are treated with respect and dignity and staff are friendly and polite. Staff interviewed described how they treat consumers with dignity and respect, tailoring their approach in accordance with the consumer’s identity. Documentation, including policies and care files, evidenced the service has a consumer-centered approach to delivering services. For example:

* One representative described the personable approach care staff take with their family member, such as, initiating meaningful discussions related to their family member’s interests, particularly during mealtimes, to help with appetite.
* One consumer described their care staff as a happy person and expressed they feel ‘so alive’ when receiving services from this care worker. The care worker described the importance of this consumer’s morning walks and prioritises this when their usual walking companion is unavailable on a particular day.

Consumers and representatives told the Assessment Team, in various ways, that staff understand their needs and preferences and that their service is delivered in a way that makes them feel safe and respected. Management and staff could provide examples of how services are delivered to meet the needs and preferences of individuals. Weekly meetings about individual consumers are undertaken and include discussions about cultural safety. Changes were made to the care plan documentation in October 2022 to include a focus on a person’s cultural background and a question in relation to any culturally specific care needs. Consumer file documentation denotes detailed information including cultural preferences, where appropriate. For example:

* A consumer’s care plan identifies their preferred language is Mandarin and their goals include building trusting relationships with care workers. The service allocates Mandarin speaking care workers, to support the consumer’s communication preferences.
* A representative described how domestic duties, including cooking, play an important role in their mother’s connection to her cultural heritage. For this reason, their mother has declined assistance with the task and the service has suggested alternative supports to meet their mother’s goals.

Consumers and representatives provided feedback on the ways they are supported to make their own decisions about the services they receive. As services are delivered under a self-managed model, consumers said they are supported to make their own decisions and have as much input as they want into the services they receive. Case managers and care staff provided examples of how services are delivered to meet the needs and preferences of individuals. They also demonstrated an understanding of the consumer’s life journey and personal circumstances and described how it influenced the day-to-day delivery of their care and services. Management demonstrated knowledge, awareness and understanding of consumer choices and preferences. Documentation evidenced consumer involvement in decisions about the services they would like to receive. For example:

* One consumer described how when their domestic care worker arrives, they refer to a standard list of duties, the consumer adjusts the lists depending on what they need done.
* Another consumer reported they choose their own care workers to ensure they are compatible with their preferences, schedule and have the knowledge to understand their spouse who lives with dementia.

The Assessment Team found the care documentation contains evidence of dignity of risk forms, which record risk related discussions between the service and consumers. Home environment risk assessments for all consumers are completed at intake and when care plans are updated and have been completed for all consumers. Policy and procedures about dignity of risk and balancing dignity of risk with duty of care were sighted, together with a flow chart in relation to a problem-solving approach to risk. Management outlined the steps the service would take if a consumer was no longer able to manage under the self-management model. Including offering a higher level of care under their service, referring to a full-service provider, sourcing residential respite, engaging social workers or referrals to the Public Guardian if required. Review of care planning documentation identified discussions with consumers were documented and dignity of risks was noted in several consumer files. For example:

* A consumer requested in-home equipment to be hired for a cruise-ship vacation. Risks related to the use of unfamiliar equipment in an unstable environment were discussed with the consumer and sought input of an allied health clinician. Care documentation evidenced the discussions with a signed dignity of risk form.

Through interviews, consumers and representatives reported observed improvements and resolved issues related to the service communications and monthly statements. Management described actions taken to resolve issues, including the invoicing system used.

* The Assessment Team reviewed service communications to consumers which evidenced timely monthly statements, notifications of upcoming care plan reviews or changes to case managers. The monthly statements were clear and easy to read. The email in relation to a change in case manager was clear and concise with the most important information bolded and the email in relation to the care plan review used easy to understand language.

The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. The service provides details to consumers and representatives around how their personal information will be used and consent forms are completed as part of the intake process. Consumer information is stored in a secure electronic database. Access to electronic information is limited by role and is password protected. Staff induction training includes privacy and confidentiality, guided through service policies and procedures. Staff described their practices to maintain privacy and confidentiality of consumer’s information. Care documentation includes relevant information to guide care staff and record the location consumers have elected to store their care plan to suit preferences for privacy and confidentiality.

# 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

Consumers and representatives confirmed being involved in the assessment process and reported staff took the time to listen to them. 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. Care plans reviewed included sufficient detail about assessed needs and risks to the consumer to guide staff in managing the risks for consumers. Management reported improvements to the assessment and planning processes to identify, manage and review consumer risks and revisions care documentation layout to include consumer risk profiles with detailed information, mitigation strategies and action plans in key risk areas including falls, skin integrity, swallowing and medications. The care team has been separated according to function. One being the intake assessment stream and the other the case management stream. All initial assessment and planning is now conducted by employees that hold a nursing qualification or have demonstrated assessment experience.

* The Assessment Team provided examples of where risks inform assessment and planning for care and service deliver for sampled consumers, including, falls prevention strategies and equipment, pressure area care through monitoring, weight shifting, equipment and cream applications and management of swallowing difficult risks through allied health assessments, meal supplements and fluid intake during meals.

Consumers and representatives reported the services meet consumer needs, goals and preferences. Interviews with staff demonstrated they know the consumers well, including their likes and dislikes and provided examples of how they meet the consumer’s individualised needs. Care planning documents describe the services received, goals and preferences. Care planning documents include whether the consumer has an Advance Health Directive. Examples include:

* A consumer described how they provide direction to staff, ‘if I need something from the shops they go and get it for me’.
* A contracted care staff, for a sampled consumer, reported they have access to a care and services plan, however they also receive input from the consumer’s son on tasks to prioritise during service delivery.

Consumers and representatives confirmed they participate in the planning and review of services. Staff described how they work in partnership with other organisations, individuals and service providers in assessment and care planning and communicate regularly regarding the changing needs of consumers. Care documentation contained evidence of the involvement of consumers in the planning of services and in the ongoing and annual reviews. For example:

* Four consumers and representatives described their ongoing involvement through regular discussions relating to assessment and planning. File reviews evidenced service communications with other providers when a change in a consumer’s condition required increased services.

The service maintains electronic care and service plans and consumers receive a copy of the plan that is kept in the consumer’s home for reference. Consumers reported the services they receive, and the frequency of service are explained to them on commencement and when changes occur. Staff advised they have access to the care and services plan and confirmed information contained is relevant to the services delivered and consumer preferences.

For example:

* The service monitors consumers have access to their care plans through electronic care files record where consumer’s store their copies of care files, through information requested from consumers.
* Seven of 7 consumers reported they had received a copy of their care plan.
* One staff member said there is a copy of the care and services’ plan in the consumer’s home; and said they also have a copy on their mobile device

A review of care planning documentation evidenced reviews occur at least annually and more often when changes or incidents occur. Consumers and representatives said staff regularly communicate with them about the service they receive and make changes to meet their current needs. Staff undertaking reviews described the process and under what circumstances a review or reassessment may be required, giving examples of an incident, return from hospital or an increase in package level. For example:

* The service contacted a consumer’s representative to arrange an occupational therapy assessment and physiotherapy, in response to a reported fall. Care documentation evidenced the reassessments were promptly scheduled following the incident.
* A representative confirmed the service made contact to review the care and services following discharge from hospital.
* The Assessment Team reported the service is reviewing all care plans as consumers return their updated care profiles.

# 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

Consumers and representatives reported care delivery is tailored according to needs and that the service is flexible in the delivery of care and services. Staff providing care to the consumers sampled demonstrated an understanding of the needs and preferences of consumer receiving care delivery. Management provided the Assessment Team with an overview of how implemented improvement actions have strengthened the delivery of safe and effective care, including revised policies, procedures and consumer risk profiles which feed into care delivery guidance for staff. The Assessment Team reported care plans accurately describe consumers current personal and clinical care needs, congruent with consumer feedback, and contained sufficient detail to guide staff in the delivery of care and services. For example:

* A consumer told the Assessment Team that they currently receive daily wound care and the registered nurse, they have been advised the frequency will be reduced as the wound heals. Care documentation recorded the frequency of wound dressings which were increased to twice daily when they showed signs of deterioration. Documentation sighted by the Assessment Team evidenced best practice wound care to monitor the condition of the wound, and surrounding skin, the type of dressing used and the frequency of the dressing.

The Assessment Team found the service conducts risk assessments for high impact or high prevalence risks to find ways to minimise these risks. Risks identified include falls, pressure injuries and cognitive decline. Staff interviewed were able to describe risks, and management strategies, for sampled consumers, and their actions taken to report incidents. Management advised the Assessment Team of improvements to risk management processes including the implementation of the clinical escalation pathway to monitor high impact and high prevalent risks for each consumer, risk matrix grading systems and clinical nurse oversight for each consumer identified as ‘high-risk’. Care planning documentation showed how risks are identified to inform the strategies, and guidance for staff, delivering care to consumers. For example:

* The Assessment Team provided examples of how the service manages consumers with limited mobility, at risk of pressure injuries and with swallowing difficulties. Staff interviewed described their practices in reducing risk of pressure injuries, including the use of equipment and application of creams to maintain skin integrity. Care documentation reflected relevant strategies to guide staff, including recommendations for soft diets, thickened fluids and pureed meals. Representatives of sample consumers reported the service frequencies for personal care delivery and an understanding of dietary recommendations identified in care planning.

Staff described how care and services may be adjusted for consumers nearing end of life, including recommending referral to local palliative care services. Staff said they have access to equipment from the palliative care team and manage budgets to support additional care required. The Assessment Team reviewed care documentation for a consumer recently assessed by a palliative care team and reported the service liaises with other’s involved in the consumer’s care to coordinate care delivery.

Interviews with consumers, representatives and staff demonstrated the service has effective processes to identify and notify others of changes in consumer’s condition, evidenced through care documentation. For sampled consumers who have experienced deterioration or a change in their condition, the Assessment Team reported, changes were promptly recognised and responded with a review of services and referrals to relevant health professionals. For example:

* Care documentation evidenced actions taken in response to staff reporting deterioration in the condition of a consumer’s wound and liaisons with a consumer following a swallowing issue. Management monitors case managers contact with consumers’ where a change in need or condition requires follow up.

Consumers and representatives reported staff know consumers’ needs as they generally have the same staff members providing their services. Staff confirmed there is a care plan in consumers’ homes they can refer to if needed, however said they also receive guidance from consumers representatives during service delivery. The service has processes to ensure the currency of care plans is maintained. Documentation evidenced communication between other organisations involved in the care of the consumer.

* The Assessment Team provided examples where the service has liaised with registered nurses relating to consumer wound care and medication administration and other providers involved in consumers’ care, following hospital admissions or COVID-19 infections.

Consumers and representatives reported referrals, and referral recommendations, they have received from the service. Staff were able to discuss the process of referral, including involvement of the consumers and indicators, such a consumer’s decline in condition, which prompt further review or assessments. Consumer files evidenced consumer referrals to their general practitioner, nursing services and allied health clinicians.

* The Assessment Team provided examples where consumers were referred to their general practitioner for advice on medication administration, referrals to occupational therapists and a representative preferencing the guidance of their general practitioner, due to familiarity, despite the service’s referral received.

Consumers and representatives reported they have been kept up to date in relation to COVID-19 as it impacts on the service/s they receive. Staff interviewed have an understanding of practical ways to minimise the transmission of infections.

* Examples given included washing hands, wearing personal protective equipment (PPE) and being vaccinated. Training records confirm staff have received infection control training. Staff reported there are sufficient supplies of PPE available to them. The service maintains records of staff vaccination status

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Feedback from consumers and representatives described the services promote independence and an improved quality of life. Staff interviewed describe how they help the consumer to do as much as they can for themselves, in accordance with consumer preferences. Management described how the service monitors the quality of services consumer’s receive through consumer and staff inputs, including, three monthly check-ins, annual reviews, and progress notes received as part of external provider invoice processes. The Assessment Team reviewed care documentation which demonstrated individualised information related to consumer lifestyle supports, such as, hobbies, interests and other preferences. For example:

* A consumer told the Assessment Team the care staff are flexible in service delivery, and cater to what she needs on any given day, depending on her mobility and function. The consumer advised some days they feel up to accompanying care staff for shopping trips and care staff will do shopping on their behalf, according to their preference.

The Assessment Team conducted interviews with consumers and staff and reported evidence of the ways service delivery, and staff practice, support the emotional and psychological wellbeing of consumers. Care documentation showed how consumer emotional wellbeing informs service delivery and considers the impact of life circumstances, social isolation and the support networks relevant to each consumer.

* Examples provided by the Assessment Team include encouraging a consumer with minimal social interaction to engage with their community, staff described how disruptions in a grieving consumer’s usual routine indicates they may be feeling low and prompts further inquiry into their wellbeing.

Consumers told the Assessment Team of the ways services promote social interaction and connection with others. Care staff described how having a flexible approach to social support services allows consumers to guide service delivery based on their preference at the time. Details contained in care documentation guides staff to engage consumers with relevant information about each consumer’s background and interests. For example:

* Consumers and representatives described how care staff engage them by showing them games and skills on electronic devices, including how to video call family members and various outings based on the consumer’s interests.

Feedback received from consumers and representatives evidenced the service has effective processes to promote care continuity and share information about their needs and preferences to those in their care. Consumers advised they select care workers compatible with their needs and preferences and an available option associated with the self-managed service delivery model. Staff interviewed reported relevant consumer information is accessible in care files located in consumers’ homes. Managed described how information shared, relevant to service delivery, includes input from brokered staff, communication protocols, such as progress notes or incident reports and consumer feedback. Care documentation reviewed for sampled consumers contained sufficient information to guide staff in delivering care and services.

* The Assessment Team provided examples where staff notified the service of inaccuracies in lifestyle support plans which resulted in service actions to revise care plans to reflect consumer preferences.

Evidence reported by the Assessment Team demonstrated how consumers are connected with supports according to their needs, goals and preferences. Management advised the service enables consumers to manage their own referrals through information and guidance provided. However, the service does coordinate referrals for consumers when needed or requested by a consumer.

* For example, the Assessment Team reviewed a consumers referred to transport services to attend appointments, the service allocated budgets for taxi vouchers, evidenced through care documentation.
* The Assessment Team reviewed a map of Australia that has links to all of the providers approved by the service, that could be provided to consumers when needed. Consumers also have the option of finding their own preferred provider and the service will do the brokerage agreements to add them to their list of providers.

Service processes require consumers to undertake assessments in to ensure equipment supports independence, safety and well-being and includes demonstrations on how to use the equipment, where required. Where consumers own the equipment, the service reviews equipment suitability, safety and cleanliness through annual reviews. Staff described the process followed where equipment requires maintenance or replacement.

* The Assessment Team provided examples where the service has allocated budgets for the maintenance of mobility equipment and liaised with medical practitioners to ensure consumers and representatives are informed of the appropriate use, and education for approved equipment.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Standard 5 was assessed as Not Applicable as the provider does not deliver services within a service environment.

# 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

Consumers and representatives confirmed they are aware of how to provide feedback or make a complaint and felt supported to do so. Consumers and representatives reported their preferred method for feedback and complaints is speaking directly with their care worker or case manager. Management described the ways consumers, and others, are informed of feedback avenues through printed material shared in welcome packs and electronic information shared through emails, as well as consumer surveys. Policies and procedures on complaints handling contain sufficient, and relevant, details to guide staff in responding to feedback and escalating concerns should the consumer or representative want to make a complaint. For example:

* One consumer told the Assessment Team they know how to contact the service to provide feedback and described a recent complaint which was resolved promptly through the complaints intake process.

The service provides information to consumers/representatives on internal and external complaints mechanisms, advocacy services and information on how to access language and interpreter services. Through interviews, consumers confirmed the service has provided them with complaints information for alternative avenues and resolution supports. Management confirmed they encourage consumers to use advocacy services to assist with facilitating conversations and complaint responses include reference to alternative complaints resolution and advocacy services.

Consumers who have made complaints described the actions taken by the service to resolve their concerns, which reflected the open disclosure principles. Staff and management described how open disclosure is practiced as part of the complaints process. The Assessment Team reviewed the feedback and complaints register which evidenced effective processes to record, monitor, respond and manage consumer feedback. The service delivers training to staff on open disclosure and complaints handling guided through policies and procedures, reviewed by the Assessment Team. For example:

* A representative made a complaint via email relating to an invoice error, they advised the Assessment Team they were satisfied with the outcome and have not had any further invoicing issues. Correspondence evidenced the complaint, received via email, was resolved in a timely manner. The email response included an apology, an explanation for the error and the outcome, which was reversing the payment.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumer and representatives who had made a complaint with the service reported actions taken to resolve their complaint and improve care and services. The service demonstrated feedback provided by consumers is recorded and reviewed to inform improvements. For example:

* The service identified complaint trends relating approved items for purchase through a home care package. To address the key complaint area, the service has provided consumers information to improve their understanding of approved items through discussions directly with consumers, distribution of existing resources and alternative funding models consumers can explore in relation to their care needs where purchase requests are excluded under home care packages. If the consumer requires further support, they refer the consumer to advocacy support or the Commission for further clarity on the purchase of items. Management have communicated to consumers that a new Home Care Package Manual has been released in 2023.

# 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

Consumers and representatives feedback described staff as reliable, they are informed when staff are running late and when services need to be rescheduled. Brokered care staff reported they have enough time to do their work and receive sufficient information to provide the care and services the consumers need. While management advised consumers are responsible to source their care and service staff, the service recommendations staff to consumers and support consumers to find appropriate staff, as needed. For example:

* One consumer interviewed by the Assessment Team receives multiple services, including, transport, home maintenance, allied health, and domestic assistance. The consumer described staff as ‘very professional’ and usually run on time. The consumer advised on occasions where staff are running late, they always advise him via text.

Consumers and representatives told the Assessment Team, in various ways, that staff are kind, caring and respectful of each consumer’s identity, culture, and diversity. The Assessment Team observed staff and management spoke about consumers using kind and respectful language. Feedback from consumers include:

* A consumer described the staff involved in clinical care and domestic services are ‘wonderful’ and ‘the company staff are easy to talk to and you never have to wait or be put on hold if you phone them up’.
* Another consumer described physical limitations on one side of their body and how their care worker things exactly as they want and they do not feel embarrassed to ask for assistance when they need to.

Consumers and representatives provided feedback which expressed confidence in staff competence in how they perform their roles. Management reported staff are required to have appropriate background checks, vaccinations, first-aid certificates experience, and qualifications relative to their role and monitored through service systems. The Assessment Team reviewed compliance records which included current records of police checks and driver’s licenses and position descriptions which contain skills and capabilities required deliver care and services are delivered to consumers. For example:

* A consumer receiving personal and clinical care referred to their care worker as ‘amazing’ and ‘would not give her up for any money in the world’. Another consumer who receives domestic assistance and social support services reported staff know what they are doing.

Staff and management provided information demonstrating how the service recruits staff and supports them through orientation processes. The Assessment Team reported the workforce receive training delivered through internal learning management systems with mandatory training assigned to specific roles and Quality Standards trainings, accessed through the Aged Care Quality and Safety Commission. Access to training platforms, and completion of role specific mandatory training, is a requirement for all staff, including brokered staff. For example, staff delivering domestic assistance have specific mandatory modules, whereas clinical care staff complete additional trainings related to wound care and medication management. Staff confirmed they receive training specific to the roles they are undertaking and receive adequate support and information to perform their roles, including when delivering services to consumers for the first time.

* Training records evidenced staff completion of mandatory, and relevant, training, including data privacy, infection control, complaints management, consumer dignity, the Serious Incident Report Scheme (SIRS), and Code of Conduct for Aged Care.

Staff and management told the Assessment Team how staff performance is monitored and reviewed on an ongoing basis and formally assessed through an annual performance discussions. Staff confirmed they have had, or have scheduled, performance reviews, evidenced through documentation reviewed by the Assessment Team. Management advised performance concerns are discussed with staff members when they are identified through regular discussions.

* Brokered staff reported their performance is monitored through consumer feedback provided directly to them or the case manager. Brokered staff described a key performance indicator as being consumers rebooking their services. However, the Assessment Team reported the service has not implemented proactive systems to monitor brokered staff performance. On this occasion, the Decision Maker finds the service is compliant in this Requirement based on the consumer feedback to the Assessment Team, evidence of effective consumer feedback systems and information sharing within the service.

# 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. | Non-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

The Assessment Team received feedback from consumers describing their satisfaction with the services they receive, including being able to coordinate their own services to meet their needs and preferences. The service uses annual surveys and consumer feedback provided to case managers to encouraged consumers to engage with the evaluation, development and delivery of the services they receive. Survey data is analysed to determine scored ratings in relation to the performance of the service in care and services delivered. Through interviews, management described how the self-managed model supports consumers to make their own choices to design the delivery of their services.

The governing body did not demonstrate effective processes to monitor the performance of brokered providers to ensure a culture of safe, inclusive, and quality care.

The Assessment Team found brokered service agreements do not contain requirements related to staff performance review, in contrast with processes described by management: that brokered staff performance reviews are a requirement of brokered providers.

When the Assessment Team asked how the service maintains oversight on the care and services delivered by brokered providers, management said they are only made aware when a consumer/representative raises concerns with them. Management advised, where a consumer raises concerns regarding their provider, the service resolves the complaint, contacts other consumers receiving care from the same provider and commences performance management of the provider.

This process operates on the presumption that all incidents and complaints are reported by consumers and does not demonstrate how poor consumer outcomes are detected, or prevented, prior to an incident or complaint. Additionally, the Assessment Team found the service did not adhere to the current process in response to an incident reported. For example:

* The incident register recorded a consumer, living with dementia who receives domestic assistance and social support, had been left in dirty clothes and not receiving their required care. The service responded with additional assessments, allocated a new service provider and the representative reported they are satisfied with the new service provider.

However, the organisation did not take actions to ensure the safety and wellbeing of 20 other consumers receiving services from the brokered provider related to the incident, in contrast with the process guidelines.

In response to Assessment Team feedback, Management advised the following actions:

* commence performance management of the service provider linked to the above incident
* ceased intake of new consumers for the provider, and service wide intake of new consumers ceased 12 December 2022.
* review brokered provider service agreement to include staff performance reviews.

The Decision Maker notes the service did not respond to the Assessment Team report, these actions to cannot be verified, nor the outcomes of 20 consumers receiving care from the service provider associated with the incident.

While management acknowledged the deficits, and planned corrective actions, to the Assessment Team, the Decision Maker finds the service is Non-Compliant.

The service has effective service -wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

Information management:

* Consumers, representatives and staff reported having access to clear and relevant information related to their care, or care and service delivery.

Continuous improvement:

* The service has a continuous improvement plan that monitors critical areas for improvement and includes planned completion dates and progress notes. The service separated the roles for intake and a case management role to provide a higher level of focused care. Intake staff require nursing or clinical care experience, case managers workflow has improved to communicate with current consumers, as previously rescheduling was required to manage intake duties.

Financial governance

* Financial governance systems and processes manage the resources to deliver a safe and quality service through monthly financial reports which identify surplus balances and prompts case manager engagement with consumers. The service provides consumers with budget updates and monthly statements and manages unspent funds.
* The board was engaged to monitor the resolution of delayed invoices to consumers through weekly reports until the problem was resolved.

Workforce governance, including the assignment of clear responsibilities and accountabilities

* The Decision Maker finds the service does demonstrate workforce governance in relation to clear responsibilities and accountabilities, evidenced through interviews with management and staff and documentation reviewed by the Assessment Team.

Regulatory compliance

* Management receives updates via relevant regulatory and industry bodies in relation to regulatory requirements. The organisation distributes relevant information providers, staff, and consumers and revises policies and procedures, accordingly.
* The Assessment Team reported newsletters, distributed to staff and service providers, contained relevant regulatory compliance updates such as the SIRS and The Code of Conduct for Aged Care.

Feedback and complaints

* While most of the feedback received from consumers/representatives is verbal, the service demonstrated feedback systems are effective to record, respond to feedback and informs service improvements.

The service has polices relating to consumer risk assessments and a register to record, and monitor, high impact/high prevalent risks to consumers. High risk consumers are identified through risk matrix scores, and risk reduction strategies. Vulnerable consumers, include consumers at risk of falls, living alone and those living with dementia, are recorded in a register. Management described how incidents are recorded, assessed, investigated and resolved through actions taken. Reports reviewed by clinical governance committees and board members include analysis of incident trends and review of high-risk or vulnerable consumers.

* Documentation was evidenced to include a wide variety of risk management forms which detailed risk assessment, planning and management. Changes in consumers conditions are recorded by the clinical management team and contact is made with appropriate parties, such as the case manager and/or the consumer’s representative. Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the consumers of the service. Intake staff described internal escalation pathways relating to consumer risks, to prompt further investigation and guidance.
* The incident register evidenced when staff reported suspicious of elder abuse and neglect to the service. Staff described the actions taken in response to incidents to manage the suspected abuse or neglect.

The service has a clinical governance framework and policies/procedures relating to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Clinical incidents are recorded and reported to the clinical management team for further action, where monthly meetings review opportunities to improve clinical care delivery.

* Staff described strategies to minimise infection risks including adherence to hand hygiene practices, infection control and the use of personal protective equipment.
* Interviews with staff and management demonstrated awareness for identifying restrictive practices. Staff described the escalation process to report concerns to management for further investigation, evidenced through the incident register and associated actions taken by the service.
* The service has a Complaints and Feedback Policy that covers detailed principles of open disclosure and complaints management. Staff and management understand the underlying principles of acknowledging when things go wrong, being transparent, offering an apology and meeting the consumer’s needs.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)