Gold Star Home Care and Community Services

Performance Report

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**Commission ID:** 300919

**Provider name:** Gold Star Home Care and Community Services

**Assessment Contact - Desk date:** 8 September 2020

**Date of Performance Report:** 7 October 2020

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff and management.
* the provider’s response to the Assessment Contact - Desk report received 29 September 2020.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### 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

A recommendation of not met in one or more requirements results in a not met for the whole standard.

While the service demonstrated some improvement in assessment and planning, assessment of other consumer needs, including the consideration of risk to the consumers’ health, is not identified or actioned to inform the delivery of safe and effective care and services. Assessments required by allied health are not completed in a timely manner.

Whilst all consumers have recent reviews of care, an incident involving the safety of a consumer was not reviewed to mitigate any potential risk to the consumer and support workers. Not all consumer incidents are reported by staff.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team presented evidence that the service continues to be non-compliant in this requirement. This evidence included:

* Assessment documentation now includes input from consumers, representatives and general practitioners, and assessments and care plans now include personal histories, summary of support needs, referrals required and service plan calendars.
* However, assessment documentation does not record other consumer needs such as skin integrity, falls history, pain, hearing, cognition, allergies, power of attorney, equipment needs and personal emergency plans.
* Assessment and planning including consideration for risk to consumers health and wellbeing is not consistently identified and delays in assessment by allied health. This was demonstrated through two examples of consumers on level three packages.
	+ Consumer one
		- Assessments required by allied health, including occupational therapy, incontinence support and eye care, identified four months earlier as part of initial home assessment have not been completed.
		- A podiatry assessment was completed three months after identified as required.
		- The initial home assessment identified no rails in the consumer’s shower or toilet and the consumer requiring support to stand in shower.
		- Assessment notes following home visits record the consumer experiences pain, however care documentation does not show where the pain is located.
	+ Consumer two
		- who requires home modifications for rails, has yet to be assessed by an occupational therapist assessment three months after the need was identified.

The approved provider’s response:

* States Consumer one is well monitored by the general practitioner and all outstanding assessments will be completed once pandemic restrictions have been lifted.
* Attributes the delay in occupational therapy assessment for Consumer two to challenges presented by the Covid19 pandemic, and notes that all the consumer’s other needs are catered through the level three package.

While I note the provider’s response and the challenges presented by the pandemic, and note the Assessment Team’s acknowledgement of improvements in information gathered during assessment, the service does not assess for a range of other consumer needs to enable safe and effective care delivery. Allied health assessments are not completed in timely manner to inform plans of care and enable safe and effective delivery of care.

I find the service remains non-complaint in this requirement.

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team presented evidence that the service continues to be non-compliant in this requirement. While all consumers have recent reviews of care, the service does not review for change or risk following an incident report. Evidence included:

* An incident report which the service did not review or consider ways to prevent or mitigate potential risk of aggression to a consumer, their representative and support worker.
* A support worker did not report an unwitnessed fall after becoming aware of it, and the incident was not investigated.

The provider’s response argues the incident of aggression followed an unintentional action by a member of the family. The provider notes the difficulty intervening in a private family matter. The provider states they have now discussed with the support workers risk management strategies in relation to the consumer and the incident; no documentation was provided to demonstrate this. The provider undertook to follow up with the consumer in relation to a separate unwitnessed fall.

I note evidence that all consumers have recently been reviewed. I have taken into consideration the provider’s response, and the subsequent action taken as described by the provider in relation to the incident of aggression. However, at the time of the assessment contact, no consideration had been made to prevent or mitigate risk to the consumer or support workers. In addition, I note not all consumer incidents are reported by support workers.

I find the service remains non-complaint in this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### 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

A recommendation of not met in one or more requirements results in a not met for the whole standard.

To meet this requirement providers are required to do all they can to manage risks related to the personal and clinical care of each consumer, including using risk assessments to find ways to reduce these risks. Evidence presented demonstrates the service does not manage high impact or high prevalence risk associated with medication, pain and wound management.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team presented evidence the service is not compliant with this requirement. Evidence included:

* No medication risk assessment has been completed for an insulin-dependent consumer.
* Multiple documentation entries in relation to the consumer experiencing pain.
* Support workers provide care to the consumer outside the scope of their practice:
	+ A support worker said they regularly administer insulin and sealed medication pack when consumer’s grandson unavailable. Management informed the Assessment Team they were unaware of this practice and would not expect staff to administer insulin.
	+ A support worker dressed wounds of the consumer following instruction by the podiatrist and subsequently the general practitioner. Management informed the Assessment Team they can access nursing services however the consumer’s package would have difficulties funding the services.
	+ The support worker was unaware of any potential impact of a wound infection on the adjustments required to the insulin administration.

The provider’s response denies that the support worker regularly administers the consumer’s insulin and medication pack and states support worker is instructed not to administer any medication to the consumer, which is managed by Consumer’s grandson.

To meet this requirement providers need to do all they can to manage risks related to the personal and clinical care of each consumer, including using risk assessments to find ways to reduce these risks. In making this decision, I have taken into consideration the provider’s denial of the support worker’s evidence in relation to the administration of medications. The provider does not contradict evidence support staff change wound dressings. I have taken into consideration no risk assessment has been undertaken in relation to medication and that no assessment has taken place to locate the consumer’s pain and best support the consumer.

I am satisfied the service is not doing all it can to manage risks to the personal and clinical care of the consumer and finding ways to reduce these risks. Taking the evidence in its entirety, I find the service is not compliant with this requirement.

# 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.

### 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.*

* Introduce processes to assess other consumer needs, including the consideration of risk to the consumers’ health.
* Review current processes to enable assessments required by allied health are completed and inform plans of care in a timely manner.

### 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.*

* Introduce processes to ensure incident reports are reviewed in a timely manner to prevent or mitigate potential risk to consumers.
* Ensure staff report all incidents.

### Requirement 3(3)(b)

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

* Implement processes, including risk assessments, to understand the risk associated with high impact high prevalence risks as relevant to the consumer.
* Monitor staff practices are consistent with assessed risk.