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 - Site date:** 23 March 2021

**Date of Performance Report:** 26 April 2021

# 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 - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 19 April 2021.

# 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

Consumers interviewed said they were satisfied with care.

However, the Assessment Team identified assessment and planning does not always consider and address risks, including risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services. Management could not demonstrate care and services for sampled consumers are reviewed regularly and as circumstances change to ensure the effectiveness of care and services provided. Not all care plans reflect current care and service needs.

The Quality Standard is assessed as Non-compliant as both requirements assessed 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 service had been non-compliant with this requirement at the time of this assessment contact.

At this assessment contact the Assessment Team recommended the service remains non-compliant with this requirement based on the following evidence:

* While management have introduced an assessment/care plan document that addresses an increased range of consumer needs, risks and safety concerns, the document has only been applied to consumers engaged with the service since January 2021 and for three of four consumers sampled risks to the consumers’ health and wellbeing are not always identified and actioned or actioned in a timely manner. The Assessment Team included examples in relation to pain, medication, falls risk, eye care and continence assessments.
* An insulin dependent diabetic consumer has no management plan or plans for management of a hyperglycaemic or hypoglycaemic episode. The consumer’s injectable insulin is not listed on their patient health summary.

The providers response included information in relation to the consumers named in the report; this included:

* That the service took a ‘hands on’ approach to ensure the consumer’s ‘medication (insulin) is taken on time’. The provider acknowledges the general practitioner review regarding to pain, the management of pain, and the consumer’s medications ‘still need to be documented’. The provider stated the consumer’s reluctance to leave their home resulted in an assessment by an optometrist unactioned.
* The general practitioner was conducting preliminary test for a consumer prior to a cognitive assessment and the service is waiting a decision.
* One of the consumer’s sampled had been receiving services for less than a fortnight prior to the assessment contact (although their assessment/care plan was dated 24 February 2021) and a falls risk assessment was a lesser priority, albeit that the consumer has a care goal for ‘safety in the bathroom’. The provider stated the consumer’s pain management plan is now being addressed with their general practitioner.

I note the provider has implemented a broader assessment/care plan tool in January 2021. However, the Assessment Team’s evidence identified the tool has only been implemented for new consumers, and for the consumers sampled risks to their health and wellbeing have still not been identified through assessment processes and documented in care planning documentation. While the provider offers additional information for some of these consumers, the provider also acknowledges the deficits in assessment of risk and planning of care identified by the Assessment Team. Based on this analysis, I find the service remains non-compliant 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 service had been non-compliant with this requirement at the time of this assessment contact.

At this assessment contact the Assessment Team recommended the service remains non-compliant based on the following evidence:

* Documentation for two consumers sampled did not show care and services are reviewed regularly and as circumstances change and not all care plans reflect current care and service needs.
* This included significant changes to the circumstances for the management and administration to two consumers’ medication, which management acknowledged they still planned to review.
* Progress notes indicate staff have reported events or situations that resulted or may have resulted in adverse effects for consumers. These are not informing incident reporting or formal review of care and services.

The provider’s response states the service uses ‘entry of notes to document support issues and needs and actions taken resolve or address consumer’s needs’ but acknowledges this does not result in changes to plans of care, which are reviewed annually. The response states ‘the service will look at implementing a more structured review plan maybe quarterly, or when circumstances change’.

I note the provider’s intention to revisit and introduce a more structured process for review of care and services. I also note the providers method for recording the consumer’s care journey through progress notes. However, I place weight on the Assessment Team’s evidence at the time of the assessment contact in finding the service does not comply with 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

Consumers interviewed said they were satisfied with care provision.

However, the Assessment Team found the provision of personal and clinical care for some consumers was not always safe and effective to optimise their health and wellbeing. High impact and high prevalence risks are not always managed effectively for the safe and effective care of all consumers.

The Quality Standard is assessed as Non-compliant as the requirement assessed at this contact has been assessed as Non-compliant.

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

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

The service had been non-compliant with this requirement at the time of this assessment contact.

At this assessment contact the Assessment Team recommended the service remains non-compliant due to high impact high prevalence risks not always being managed effectively for the safe and effective care of all consumers and provided the following evidence.

For two consumers sampled who have complex care needs:

* Management and staff who do not have the appropriate qualifications currently measure blood pressure, test blood glucose levels and administer a sliding scale of insulin to two consumers.
* No diabetes management plan is in place and there are no plans to enable management and staff to respond effectively to any high or low diabetic episode to ensure safe and quality personal care and clinical care.
* There are no records of blood sugar readings or insulin administration for the consumers sampled.

The provider’s response does not dispute the Assessment Team’s evidence, however highlighted the complex issues associated with the named consumers and noted the cost of brokered nursing previously used for a month could not be covered by the consumers’ level of funding and they ‘go out of their way to provide the support they need almost daily, until such time their package is increased’. The provider’s response states the service is in the process ‘of retaining qualified medical personnel for the clinical care (the consumers’) need and be more flexible with the domestic needs’ to be able ‘to provide them with all the support they need’.

While I note the intentions of the provider to provide as much support as possible to the consumers’, I place weight on the intent of this requirement for effective management of high impact high prevalent risks. Management/staff are currently working outside their scope of practice in managing the complex care needs for the consumers. I note this was also reflected on in the Performance Report that followed the assessment contact on 29 September 2021. Also informing my decision is the lack of management plans and recordkeeping in relation to the diabetes management for the consumers. Thus, I find the service is non-compliant in 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)**

* Ensure assessment and planning processes considers and addresses risks, including risks to the health and wellbeing of consumers.

**Requirement 2(3)(e)**

* Ensure processes are in place for the regular review of care and services including when circumstances change or post incident.

**Requirement 3(3)(b)**

* Implement processes for the effective management of high impact high prevalence risks in relation complex care for consumers.