Gold Star Home Care and Community Services

Performance Report

502 Geelong Road   
TOTTENHAM VIC 3012  
Phone number: 03 9001 6939

**Commission ID:** 300919

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

**Assessment Contact - Desk date:** 26 October 2021

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

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* Home Care Package Western Metro, 26425, 502 Geelong Road, TOTTENHAM VIC 3012

# Overall assessment of this Service

|  |  |
| --- | --- |
| **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 Commissioner’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 a desk assessment, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received on 23 November 2021.

# STANDARD 2 NON-COMPLIANT Ongoing 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 non-compliant finding in one or more requirements results in the Quality Standard being 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 found that while the majority of consumers and representatives interviewed were satisfied with care and services, assessment and care planning does not always inform the delivery of safe and effective care and services. Assessment and care planning does not effectively reflect diagnoses, current needs, goals and preferences, and does not always recognise clinical risks associated with diagnoses. Needs and risks to consumer health and wellbeing are not always identified and responded to. For example:

* Two consumers have been incorrectly identified as having needs related to diabetes when they do not have diabetes.
* Falls risk assessments and related plans do not always effectively identify and address risk. Two consumers have been incorrectly documented as having a low risk of falls, when they are a high risk of falls.
* Assessed goals are identical for each of the five sampled consumers and describe only the type of care to be provided. With the exception of social support which has been individualised, strategies to achieve the goals are the same for all consumers, and clinical support is not defined. The assessed nursing support for three consumers living with diabetes is identical.

Management demonstrated additions to service assessment and care planning documents have been made. However, these changes have not resulted in improvements to care and services, including the identification and consideration of consumer needs and risks.

The approved provider’s response to the Assessment Team’s report acknowledged and accepted the findings of the report. The approved provider advised an external consultant has been engaged as an advisor, and a comprehensive priority action plan has been developed to address the issues identified in the Assessment Team’s report.

I have considered the Assessment Team’s report and the response from the approved provider. I note the provider has a number of remedial actions planned or currently in progress. However, the service was non-compliant at the time of the assessment, and I thus find the service is non-compliant with 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 found the service does not show care and services are regularly reviewed for effectiveness or as consumer circumstances change or incidents occur. For example:

* One consumer’s care planning documentation does not demonstrate psychiatric review or communication with psychiatric services or their general practitioner despite the consumer being at immediate risk of harm.
* Identical progress notes were erroneously duplicated in documentation for two consumers.
* A care plan had not been reviewed or updated for a consumer who recently recommenced receiving care.

The approved provider’s response to the Assessment Team’s report acknowledged and accepted the findings of the report. The approved provider advised an external consultant has been engaged as an advisor, and a comprehensive priority action plan has been developed to address the issues identified in the Assessment Team’s report.

I have considered the Assessment Team’s report and the response from the approved provider. I note the provider has a number of remedial actions planned or currently in progress. However, the service was non-compliant at the time of the assessment, and I thus find the service is non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANT Personal 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 non-compliant finding in one or more requirements results in the Quality Standard being 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 found high impact or high prevalence risks are not always identified and managed. For example:

* Where services are suspended temporarily at consumer request, the service has not assessed the risk cessation of services poses to the consumer.
* The service’s policy states pain management plans are to be reviewed on a monthly basis or when pain relief medication changes or is ceased. Review did not occur in four out of five files sampled.

Three consumers living with diabetes, including two requiring insulin, do not have a diabetes management plan to identify and manage associated risks. Management could not describe reportable parameters for any of the consumers living with diabetes and advised they were in the process of obtaining this information from general practitioners and had provided charts for personal carers to record blood glucose readings.

* Four of five consumers sampled have been identified in care planning documents as requiring referral to a physiotherapist or an occupational therapist in relation to mobility issues or functional decline, however these referrals have not occurred.

The approved provider’s response to the Assessment Team’s report acknowledged and accepted the findings of the report. The approved provider advised an external consultant has been engaged as an advisor, and a comprehensive priority action plan has been developed to address the issues identified in the Assessment Team’s report.

I have considered the Assessment Team’s report and the response from the approved provider. I note the provider has a number of remedial actions planned or currently in progress. However, the service was non-compliant at the time of the assessment, and I thus find the service is non-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.*

* Ensure care planning documents accurately reflect consumer risks and diagnoses.
* Ensure care planning documents are specific to the individual.

### 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.*

* Ensure care plans are accurate and that information is not mistakenly copied from other consumer care plans.
* Ensure care plans are updated or reviewed when circumstances change, including when consumer health or well-being deteriorates.

### Requirement 3(3)(b)

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

* Ensure risk assessments are completed when consumers request services cease.
* Review care planning documentation for diabetic consumers to identify and manage associated risks.
* Ensure prompt referrals are made to external allied health professionals.