Semsley PTY LTD T/A KompleteCare Community and Home Care Services

Performance Report

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**Commission ID:** 600583

**Provider name:** KompleteCare Community and Home Care

**Assessment Contact - Site date:** 20 August 2020

**Date of Performance Report:** 25 November 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 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 responses to the Assessment Contact - Site report received on 8 September 2020 and 4 November 2020.

# 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

The Quality Standard is Non-Compliant as one of the seven specific Requirements in this Standard have been assessed as Non-Compliant.

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met. The Provider submitted two responses to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find the Provider, in relation to Semsley PTY LTD T/A KompleteCare Community and Home Care Services, to be Non-Compliant with Requirement (3)(b) in this Standard. I have provided reasons for my decision below.

### 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 the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to medication management for one consumer. The Assessment Team provided the following findings and evidence relevant to my decision:

* Staff practices do not support the safe and effective administration of medications for one consumer.
  + Staff administering medications are not always signing the medication chart to confirm the administration of prescribed medication.
    - One consumer’s medication chart showed over a five-month period there were at least 60 missing signatures on the medication chart which were not always followed-up.
  + The medication chart and progress notes indicate staff administered expired medication on at least 25 occasions during an approximate one-month period until a support staff member identified the medication had expired.
  + The service does not have a policy, process or medication incident reporting system to support staff who make medication administration errors, including missed signatures on medication charts and administration of expired medication.

The Provider submitted two responses to the Assessment Team’s report, including providing additional evidence and information to respond to elements of the Assessment Team’s feedback/report which the case manager (who was not present on the day of the Assessment Contact) has responsibility. Evidence and information include:

* Information relating to initial difficulties in obtaining the consumer’s medication chart and obtaining the doctor’s authorisation to assist clinical staff to authorise staff administration of medications for this consumer.
* Progress notes retrospectively reviewing the consumer’s medication chart to review discrepancies and/or medication errors.
* Clinical staff instructed support workers to cease administering the expired medication when this issue was raised by a support worker.
* A copy of the incident procedure and incident form.
* A copy of the updated medication procedure.

Based on the Assessment Team’s report and the provider’s response, I find this Requirement Non-Compliant. I acknowledge the complexities the service is managing in providing medication management for this one consumer and the additional information demonstrating the service has a medication incident reporting system. However, the evidence provided by the Assessment Team demonstrating support staff administered expired medications on 25 occasions for this one consumer, indicates staff were not safely administering medications to minimise risks associated with the management and administration of medications. Additionally, while clinical staff have retrospectively reviewed the medication chart for this one consumer and identified several discrepancies, these discrepancies were not identified or actioned in a timely manner to minimise risk associated with medication administration practices.

For the reasons detailed above, I find KompleteCare Community and Home Care, in relation to Semsley PTY LTD T/A KompleteCare Community and Home Care Services, Non-Compliant with Standard 3 Requirement (3)(b).

# 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 3 Requirement (3)(b)
  + Ensure support staff administer medications in a safe manner, including conducting routine safety checks such as checking for the expiry date of the medication.
  + Ensure support staff are able to identify medication chart discrepancies to support the completion of medication incident form in a timely manner.
  + Ensure clinical staff monitor support staff practices in relation to medication management.