**Performance**

**Report**

**1800 951 822**

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| Name of service: | Gold Star Home Care and Community Services |
| Service address: | 502 Geelong Road TOTTENHAM VIC 3012 |
| Commission ID: | 300919 |
| Home Service Provider: | GOLD STAR HOME CARE AND COMMUNITY SERVICES PTY LTD |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 31 October 2022 |
| Performance report date: | 2 December 2022 |

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 Gold Star Home Care and Community Services (**the service**) has been prepared by M Murray, 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:**

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

# Material relied on

The following information has been considered in preparing the 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, consumers/representatives and others
* the provider’s response to the assessment team’s report received 23 November 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | Non-compliant |

A detailed assessment is provided later in this report for each Requirement assessed.

# 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 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. |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. |

Improvement is required in risk identification, actioning of referrals, strategies to guide care workers and the service’s clinical oversight

# 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. | Non-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

The Assessment Team’s report outlines information collection includes the consumers’ background, medical history, medications, pain, skin integrity, mobility/falls history, mental state, nutrition and other health concerns. When risks to consumers’ health are identified, such as wounds and pain, referrals to medical and allied health are recommended by the service. However, the service does not always monitor the progress of referrals and whether these have occurred. Risks to consumers are not used to inform the delivery of safe care and services,

With the exception of a falls management tool which is in use, validated assessment tools, such as for skin integrity/pressure area, continence and pain are not used to develop strategies to manage these needs for consumers.

The approved provider’s response to the report outlines the organisation has reflected on the Assessment Team’s report and is providing staff with training to address the identified deficits in the assessment process. Training is to be delivered by professional trainers and cover assessment and planning for consumers who experience falls, asthma, live with dementia, or require wound management or medication support.

Management advised consumers are engaged in formalised reviews of care and home visits occur monthly or more frequently if required. This frequency of reviews was evidenced in the consumers’ care files. The Assessment Team’s report outlines consumers’ care documentation included contact by a registered nurse or the Director on a monthly or more frequent basis. Care plans and progress notes are updated following these visits to include outcomes of the visit.

The approved provider accepts the findings of the Assessment Team in relation to its on-going non-compliance with Requirement 2(3)(a).

I am satisfied based on the evidence of the Assessment Team that the service now complies with Requirement 2(3)(e).

The approved provider has not complied with all requirements of Standard 2 and therefore I find the service remains non-complaint with Standard 2.

# Standard 3

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| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

The Assessment Team’s report outlines the service’s clinical oversight in relation to high impact, high prevalent risks such as wound management and pain is not effective. The service did not demonstrate that wound care is best practice, that treatment plans are in place, wounds are dressed regularly, appropriate dressings are used, that wounds are monitored for improvement or deterioration and pain is adequately managed.

The approved provider’s response notes that while consumer care is complex an opportunity exists to take a more proactive approach in regard to ensuring clinical care is optimal for all consumers.

The approved provider accepts the findings of the Assessment Team in relation to their on-going non-compliance with Requirement 3(3)(b).

The approved provider has not complied with all requirements of Standard 3 and therefore I find the service remains non-complaint with Standard 3.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)