**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| 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: | Quality Audit |
| Activity date: | 8 March 2023 to 10 March 2023 |
| Performance report date: | 11 April 2023 |

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 Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | Compliant |
| **Standard 3** Personal care and clinical care | Compliant |
| **Standard 4** Services and supports for daily living | Compliant |
| **Standard 5** Organisation’s service environment | Compliant |
| **Standard 6** Feedback and complaints | Compliant |
| **Standard 7** Human resources | Compliant |
| **Standard 8** Organisational governance | Compliant |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Consumers and representatives described in various ways how consumers are respected and valued as individuals. Staff interviewed provided examples of how they implement respectful practices with consumers, including being understanding, listening, and supporting them as needed. Consumers are informed of their rights to be treated with dignity and respect in the information pack received on entry and in the home care agreement and through the Charter of Aged Care Rights which is provided to every consumer.

Care documentation reflected consumers’ backgrounds, religious beliefs and family and community connections. While the service’s focus began as ethno-specific for Filipino speaking consumers, approximately one third of consumers are from other cultural backgrounds. Management discussed the service’s focus on cultural diversity and inclusivity, and the service has a documented policy that welcomes and supports consumers of all cultures, backgrounds and beliefs. Staff sampled showed they are familiar with the cultural needs of individual consumers. The service has staff who speak a variety of languages and will speak with consumers in their preferred language.

Overall consumers and representatives interviewed said they can independently make and communicate choices and decisions about how services are delivered and who is involved in their care.

The service has a duty of care policy that recognises the consideration of consumers’ dignity of risk and addresses identification of risks and support for opportunities to maximise consumer independence. Generally, consumers and representatives interviewed described in various ways their satisfaction that the service supports consumers to live their best life

Consumers are satisfied they are provided with the clarity and suitability of information to assist their choices and decisions related to care and services. Management and staff described a range of ways information is provided to consumers and said language and interpreter resources are available when required

Management described how information confidentially is maintained, including password protected access to information according to roles. Support workers gave examples of ways they protect consumer privacy and confidentiality, including ensuring privacy when providing support, and respecting consumers’ confidentiality by not disclosing personal or service information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Registered nurses interviewed described how they assess consumers’ needs and risks at the commencement of services and complete reviews to inform the delivery of safe care and services. Care planning documents evidenced recent reviews being undertaken with consumers and/or their representatives.

The Assessment Team sighted documentation that assessment and planning processes identify the consumers’ needs, goals and preferences. Information including on the consumers background, medications, current supports, function, medical conditions, physical and personal health and mental health is gathered through the assessment process and documented in the care plan.

Registered nurses discuss advanced care planning with consumers, and encourage and support consumers to appoint a power of attorney, have a will and plan for a funeral if they don't have these plans in place.

Consumers and representatives interviewed confirmed they are involved in deciding the care and services they will receive and said they are offered a copy of their care plan.

File reviews by the Assessment Team identified detailed notes from reviews are recorded on the electronic care management system and the team are satisfied that reviews occur as scheduled and whenever a need arises.

Consumers said they can change their services if required, including when their circumstances change.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

The Assessment Team spoke to consumers with complex health backgrounds and reviewed their files. The service demonstrated care is tailored and based on best practice principles. The Assessment Team’s report details consumers living with cancer, diabetes, at risk of falls and experiencing pain are being managed effectively. Registered nurses oversee the delivery of care.

Consumers and representatives interviewed confirmed that staff are aware of the care needs of consumers. Staff and registered nurses described strategies to manage the consumers’ risks and how these are identified, actioned and passed onto staff who provide services.

The service has a relationship with a palliative care service. Management would contact them if a consumer needed end of life care and work collaboratively to support the consumer.

Consumers and representatives interviewed said staff know the consumer and their care needs well. Staff described processes should they notice any changes to a consumer’s physical or mental health. Care planning documents showed evidence that consumers’ care and services needs are being reviewed and updated in response to changes in the consumer’s condition.

Information is shared across the organisation and with others such as allied health providers to support each consumer’s wellbeing.

Consumers and representatives interviewed said that referrals to other services are completed in a timely manner. Care planning documentation reviewed confirmed referrals to external organisations are timely.

The service demonstrated the minimisation of infection related risks through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Consumers and representatives interviewed said that staff who provide services use personal protective equipment and follow infection control procedures. Staff advised they have received training on infection control.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Consumers and representatives described how services support the consumers to remain independent in their homes and have a good quality of life. Consumers described their care goals and preferences being met.

The registered nurses, who visit consumers regularly, discussed that they support consumers’ needs and would liaise with either a family member or general practitioner if they had any concerns around a consumer’s emotional or psychological well-being.

A number of consumers spoke about services supporting them to continue practicing their faith and attending church.

The service demonstrated a focus on supporting the Filipino community to socialise and maintain their culture. Consumers also spoke about using services to remain connected to their community and do things of importance to them, such as shopping and appointments.

The Assessment Team found information is appropriately shared with staff and others.

Registered nurses spoke about how they initiate and follow up referrals and talk to general practitioners regarding specialist services.

The service has a process for ensuring any equipment provided remains fit for purpose.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Consumers do not attend the organisation to receive services. Standard 5 does not apply.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

All consumers and representatives interviewed recalled receiving information on how to give feedback or make complaints. Staff interviewed described how they would support a consumer to complain or provide feedback, including, encouraging them to contact the service.

Management and staff gave examples of how they encourage consumers to provide feedback and make complaints, including phone calls, feedback forms and face to face contact. Consumers are provided with the services’ complaints and feedback process, advocacy information, and a feedback form is available in the consumer’s home folder.

Most consumers and representative when asked about complaints management, responded that they had not made a complaint as there had been no reason. One consumer stated they had raised a complaint with the service and expressed satisfaction with how the complaint was managed. Two others said their complaint had led to an improvement in their services.

It was noted that informal complaints are not always captured.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Consumers said there are enough staff to meet their care needs. Support workers interviewed said they always have time to complete the required care. Management described their workforce planning system which ensures flexibility in back filling any unplanned vacant shifts that occur.

Consumers and representatives spoke positively about staff and said in various ways that staff are kind, caring and respectful.

There is documented evidence in human resource records of staff having the qualifications relevant to their roles and competencies such as first aid, infection control, food handling and manual handling. Staff are required to sign relevant position descriptions.

Management described how recruitment processes consider skill mix and how they ensure consumers and support workers are ‘matched’ and then introduced prior to their initial shift. Feedback about support workers is sought from the consumer through regular check in telephone calls with registered nurses.

Relevant staff and management described the service’s staff orientation process, including a one to one or small group introductory training session and buddy shifts as required.

Staff said they are satisfied with the support the service provides to equip them to carry out their roles, and that relevant training opportunities are provided through the service. However, not all staff interviewed were familiar with the Quality Standards.

Management said they conduct regular observations of staff, to ensure staff are delivering care as planned. The service currently has a small staff pool and are yet to establish a formal appraisal process.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

While the Assessment Team found the service compliant with Standard 8, I note throughout their report, evidence indicators that governance systems are not fully established or embedded. At the time of this audit the service had 35 consumers and on this basis I accept the findings of the Assessment Team that the governance systems in place are aligned to the complexity of the organisation at this time.

Management described engaging consumers through consultation at individual meetings, surveys and through communication touchpoints including telephone contact and staff feedback. Management also discussed the planned implementation of a consumer engagement framework to further involve consumers in service improvements.

The organisation’s management team of Chief Executive Officer (CEO) and Managing Director oversee the strategic direction of the service.

The Assessment Team’s report evidence’s governance systems are in place and while some are immature, the team found them appropriate for the size of the organisation.

Management have implemented a risk management framework. The CEO and Managing director reported that risk will be discussed and documented during management meetings.

In relation to identifying and responding to abuse and neglect, management and staff interviews showed assessment and review processes are used to monitor wellbeing and safety. Management demonstrated training conducted during the COVID-19 pandemic lockdowns to provide staff with information on recognising physical, sexual, emotional, financial and systemic abuse. Staff interviewed said while they had not received training in identifying and responding to abuse and neglect through the service, they had related training as part of their qualifications and would immediately report suspected abuse and neglect.

Management demonstrated an incident and accident register that has been developed to record incidents and mitigate risk. The service has a few recent incidents recorded and management demonstrated how an incident is reported, investigated and resolved. An external compliance consultant is supporting the management team to embed the incident management system, this is noted on the organisation’s plan for continuous improvement.

The organisation has a basic clinical governance framework that outlines the service’s role in and commitment to safe and effective, evidence based clinical care and clinical practices. Two registered nurses supervise and monitor the delivery of clinical care for consumers. Critical clinical care issues are reported directly to the Managing Director.

In relation to antimicrobial stewardship the organisational policy includes infection prevention and control practices to identify and manage infections. The service has a COVID-19 safety plan and corresponding procedures to manage consumer and staff infections. The service has supplies of personal protective equipment to support staff as required.

The clinical governance framework includes a brief restraint minimisation policy that states the service will aim to reduce and eliminate restrictive practices. Management advised the service does not currently have any consumers subject to a restrictive practice.

The service has a policy and procedure for the use open disclosure.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)