

Failure to provide support services

Introduction

1. On 27 November 2023 HDC received a complaint from Mr A raising concerns that he did not receive home-based services from Access Community Health Services¹ between 25 and 27 November 2023.

Background

2. Mr A (aged 69 years at the time of these events) had received home-based services from Access Community Health Services (Access) since 16 October 2020. His underlying conditions include a primary diagnosis of idiopathic² Parkinson's disease, asthma, gout, hypertension, obstructive sleep apnoea,³ osteoarthritis, type 2 diabetes (diet-controlled) and, in recent times, faecal incontinence and mobility decline. Mr A had been assessed as having a vulnerability score of V3,⁴ which Access told HDC meant that Mr A could self-manage and that his cares were not time sensitive.
3. On commencement of home-based services, the support plan⁵ noted that Mr A lived in his own home and was independent with his finances, medications, light housework, and shopping, and he was able to drive. He was independent with a walking frame and walking poles for outside. Mr A required assistance with meal preparation and personal cares, which was provided by Access support workers five days a week (twice daily in the morning and evening), and with fortnightly home management. In 2022 Mr A's support was increased to seven days a week due to a decline in his health. Mr A's support plan was updated in June 2022 to include that he was a falls risk and could not mobilise or stand well without assistance.
4. At 6.30am on 26 November 2023 Mr A's support worker advised Access that they would not be attending due to illness. At 10.52am the after-hours service advised Mr A that Access was looking for a relief support worker to assist him but that this could not be guaranteed. Mr A advised Access that he still required a support worker for the morning duties. Access contacted Mr A in the afternoon on two occasions⁶ advising that it was having difficulty finding a replacement. Access offered Mr A a combination of morning and afternoon cares,

¹ Access Community Health Services provides home care, nursing, disability, and injury support services.

² A health condition that has no identifiable cause.

³ Occurs when the muscles that support the soft tissues in the throat relax during sleep, temporarily narrowing or closing the airway and causing breathing pauses.

⁴ Access provided a 'vulnerable person monitoring' document, which identifies tangata (person) specific circumstances and activities that are likely to increase the person's vulnerability and need for essential care. These have been grouped into four categories with scheduled response times. V3 care must be provided within the same day of the scheduled time. It is preferable for the activities to be completed in the morning, but they can be completed in the afternoon or early evening of the same day.

⁵ Describes the home support services and equipment that is required.

⁶ 1.48pm & 1.54pm.

and Mr A responded that he would prefer to have 4.30pm cares, as the evening was too late. Access contacted Mr A at 3.59pm to advise cancellation of morning cares because Access had been unable to source a relief support worker. Access contacted Mr A again at 8.17pm advising that no replacement support worker was available. Access asked Mr A whether it should continue to look for a relief support worker, and Mr A advised Access that it was now too late. At this point Mr A had been without cares since the previous evening (25 November).⁷ Mr A told HDC that he had not had anything to eat or drink over this time, which exacerbated his Parkinson's symptoms and caused him anxiety.

Access's response

5. Access told HDC that this incident occurred because of staff shortages and funding constraints, particularly in relation to after-hours/weekend care. Access accepted that there was a delay in advising Mr A about his morning cares, and that the incident was not escalated to the clinical team, which meant that a formal clinical review did not occur immediately.⁸ Access also accepted that alternative options could have been explored so that Mr A's nutritional needs were met over this time, and Access apologised that this did not occur.
6. Access acknowledged that it did not provide Mr A with an appropriate standard of care between 25 and 27 November 2023 and said that it has since made changes (discussed below) to prevent potential reoccurrences.

Responses to provisional opinion

Mr A

7. Mr A was provided with an opportunity to comment on the 'information gathered' section of the provisional opinion, and he advised that he had no comments to make.

Access Community Health Services

8. Access was provided with an opportunity to comment on the provisional opinion, and it confirmed that it had no comments to make.

Opinion

9. Right 4(4) of the Code of Health and Disability Services Consumers' Rights (the Code) states that every consumer has the right to have services provided in a manner that minimises the potential harm to, and optimises the quality of life of, that consumer.
10. Mr A had a vulnerability score of V3, meaning that cares were to be provided on the same day. I also note that Mr A's support plan documented that Mr A was considered a falls risk and could not stand without assistance. Mr A would have been expecting attendance on the morning of 26 November 2023, and he was not advised of the delay until 10.52am. I accept that Access had staff shortages at the time of these events. Nevertheless, Access had a responsibility to provide Mr A with cares in line with his vulnerability score and support plan,

⁷ Mr A received cares on the evening of 25 November, and cares resumed as per his support plan on 27 November.

⁸ Access completed an incident report on 27 November, which was given a SAC 4 rating (minor or minimal category).



as per the Ngā Paerewa Health and Disability Standard.⁹ I am critical that Mr A went without personal cares and meal assistance for over 24 hours, and that there was a delay in contacting Mr A to inform him of the reasons for the delay in cares. Accordingly, I find that Access Community Health Services breached Right 4(4) of the Code, and I note that Access has accepted this in relation to the care provided to Mr A.

11. Access advised that it has since implemented a recruitment function to standardise and streamline the recruitment process for support workers, as well as a training platform for support workers with a focus on induction, clinical skills, training, and competencies to ensure safe and robust care. Access advised that it has also updated the process of assigning all clinical incidents (recorded in the Health Governance reporting system) to a nurse for initial review. Since these events, Mr A has been reassessed and his support plan changed due to his health deterioration, and he has been upgraded in vulnerability score and is monitored accordingly on an ongoing basis. Access advised that short notice absences, particularly over the weekend, still contribute to some delays and changes to scheduled care, but these disruptions are being treated and prioritised according to Mr A's increased vulnerability score.

Recommendations and follow-up actions

12. I recommend that Access Community Health Services:
 - a) Provide a written apology to Mr A for the deficiencies identified in this report. The apology is to be sent to HDC, for forwarding to Mr A, within three weeks of the date of this report;
 - b) Provide an update to HDC on staff recruitment, within three months of the date of this report; and
 - c) Use this decision for educational purposes for staff training. Confirmation of this is to be sent to HDC within three months of the date of this report.
13. A copy of this report with details identifying the parties removed, except Access Community Health Services, will be sent to Health New Zealand | Te Whatu Ora Capital, Coast and Hutt Valley and placed on the Health and Disability Commissioner website, www.hdc.org.nz, for educational purposes.

Carolyn Cooper
Aged Care Commissioner

⁹ Ngā Paerewa Health and Disability Standard NZS 8134:2021, Standard 2.3.1: 'Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.'

