Helping Hand Aged Care - Lightsview

Performance Report

1 East Parkway   
Northgate SA 5085  
Phone number: 08 8214 3000

**Commission ID:** 6304

**Provider name:** Helping Hand Aged Care Inc

**Assessment Contact - Site date:** 5 August 2020

**Date of Performance Report:** 21 September 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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.

# STANDARD 3 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 purpose of the Assessment Contact on 5 August 2020 was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. All other Requirements in this Standard were not assessed.

The Assessment Team assessed Requirement (3)(b) as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 and find the service is Compliant with Requirement (3)(b).

Overall consumers and representatives sampled said consumers receive personal and clinical care which is safe and right for them and are satisfied with the management of high impact or high prevalence risks, including strategies for minimising harm and optimising their health and well-being. Representatives said they are satisfied with the clinical care provided to their family members. One representative said staff are approachable and they have been able to voice their concerns about the care provided to their family member. In response to the concerns raised, the service had referred the consumer to an external organisation for review and input into their care.

Consumers and representatives said consumers can see the Medical Officer when they need and have access to Physiotherapists and other allied health specialists. This was confirmed through documentation viewed by the Assessment Team.

Staff were able to describe high impact or high prevalence risks associated with the care of consumers and described care strategies relating to falls, pressure area care, wound care, behaviour management and medication management. This included information on falls prevention strategies for those consumers at a high risk of falls.

Care files viewed by the Assessment Team demonstrated the service has processes and strategies for the management of wounds, diabetes and behaviours. In relation to wounds, clinical staff undertake assessments, commence regular dressings and wound and skin integrity charting. The service has processes for the management and monitoring of consumers’ weight, including reviews by Dietitians and Speech Pathologists.

In relation to behaviour management, documentation showed incidents are recorded and if necessary, consumers are transferred to hospital. The service refers consumers to external organisations, including Dementia Support Australia, Older Persons Mental Health and Geriatricians. Recommendations and strategies implemented are documented in care plans. The service provided the Assessment Team with documentation which confirmed family conferences are held to discuss any ongoing behaviours of consumers.

For the reasons detailed above, I find the approved provider, in relation to Helping Hand Aged Care – Lightsview, does comply with Requirement (3)(b) of Standard 3.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The purpose of the Assessment Contact on 5 August 2020 was to assess the performance of the service in relation to Requirement (3)(c) in this Standard. All other Requirements in this Standard were not assessed.

The Assessment Team assessed Requirement (3)(c) as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 and find the service is Compliant with Requirement (3)(c).

Overall consumers and representatives sampled said the organisation is well run and they can partner in improving the delivery of care and services. The organisation demonstrated that consumers are engaged in the development, delivery and evaluation of care and services. The organisation’s governing body promotes a culture of safe, inclusive and quality care and services, and is accountable for the delivery.

Consumers said the service is well run, and they are satisfied with the management of the service. The consumers said staff know their job and what they are doing. Three consumers said they are involved in the food focus group. These consumers said they are listened to when they provide suggestions for meals and as a result of their suggestions the meals are now on the menu.

The organisation has governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. In particular:

* Staff have access to emails, on-line information and the service’s electronic care system. Consumers receive regular information through newsletters, meetings and on noticeboards.
* The service has a Plan for Continuous Improvement and consumers and staff participate in the continuous improvement process.
* Management have a financial budget and report monthly to the Corporate Executive Director on expenditure.
* Management and staff are informed of their role, level of reporting, responsibilities, and/or accountabilities through onboarding processes, job descriptions and duty statements. All staff have completed on-line compulsory and mandatory training.
* Management and staff are aware of their responsibility for reporting elder abuse within the legislative timeframes. Management said all consumers entering the service have Agreements and staff discuss consumers’ rights and responsibilities, fees, security of tenure with the consumer and/or their nominated representative. All consumers are provided with a copy of the service’s handbook and are provided with information on external complaints and advocacy services.
* The service demonstrated an effective feedback and complaints system. Consumers are encouraged to provide feedback through either verbal or written processes. Complaints are documented, actioned and analysed for trends. Complaints data is reported to the Board and informs the service’s continuous improvement process.

For the reasons detailed above, I find the approved provider, in relation to Helping Hand Aged Care – Lightsview, does comply with Requirement (3)(c) of Standard 8.

### Requirement 8(3)(c) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.