Helping Hand Aged Care - Rotary House

Performance Report

49 Buxton Street   
NORTH ADELAIDE SA 5006  
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**Commission ID:** 6051

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

**Site Audit date:** 14 December 2020 to 16 December 2020

**Date of Performance Report:** 24 March 2021

# 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 12 January 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

Overall, most sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff make them feel respected and valued as individuals and staff know and understand their needs and requirements.
* the home is safe, and their culture, values and diversity are valued by staff.
* supported to exercise choice and independence and maintain relationships.
* their privacy is respected, and personal information is kept confidential.

Initial and ongoing assessment and planning processes assist to identify each consumer’s life history, background and beliefs and care planning documents sampled reflected the diversity of consumers. Staff interviewed spoke about consumers in a way which indicated respect and an understanding of consumers’ personal circumstances and life journey. Cultural safety is discussed with consumers on entry and staff described consumers’ backgrounds and how this influences their day-to-day care.

Staff described how they support consumers to exercise choice and independence and maintain relationships of their choosing. Additionally, the organisation’s Mission, Vision and Objectives of Care documents reference supporting consumers to drive decision making and maintain relationships. Consumers confirmed they receive information through a variety of avenues, such as meeting forums and newsletters and staff interviewed described how they provide information to consumers who have difficulty communicating or have cognitive impairments.

Staff described activities consumers chose to undertake which include an element of risk, how consumers are supported to understand the benefits and possible harm of the chosen activity and how consumers are involved in problem-solving solutions to reduce risk. Two consumers stated they have been supported to undertake activities which include an element of risk enabling them to maintain independence.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Non-compliant as three of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(b), (3)(c) and (3)(d) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(b), (3)(c) and (3)(d). I have provided reasons for my findings in the specific Requirements below

The Assessment Team found overall, most sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services. However, were satisfied with some aspects of this Standard. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* individual risks have been identified and used to inform care and services.
* they had been notified of changes in consumers’ care delivery and when incidents have occurred.

Care files sampled demonstrated a range of clinical, personal and lifestyle assessments are completed on entry and routinely reviewed, including when changes to consumers’ health and well-being are identified. Detailed care plans are developed from information gathered and include each consumer’s goals, needs and preferences for care. However, the Assessment Team were not satisfied the service had adequately identified and addressed consumers’ current needs, goals and preferences for end of life or engaged consumers in advance care planning processes.

Care planning documents sampled demonstrated regular input into consumer care from Medical officers and allied health professionals. Changes to care plans and management strategies had been initiated in response to Medical officer and allied health directives and recommendations. However, the Assessment Team were not satisfied the service’s communication processes for consulting and liaising with consumers and representatives were effective to establish ongoing partnership during assessment and planning processes.

Care planning documents were readily available and accessible to staff, where required. All representatives interviewed confirmed they had been informed of some clinical assessments following incidents and updated following medical review of consumers. However, the Assessment Team were not satisfied the service ensured care plans were readily available to the consumer and/or representatives or demonstrated outcomes of assessment and care planning are effectively communicated.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, to be Non-compliant with Requirements (3)(b), (3)(c) and (3)(d) and Compliant with Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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 2(3)(b) Non-compliant

*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.*

The Assessment Team have recommended this Requirement as not met. The Assessment Team were not satisfied the service had adequately identified and addressed consumers’ current needs, goals and preferences for end of life or engaged consumers in advance care planning processes. This was evidenced by the following:

* Four consumers and representatives indicated the service had not discussed advance care planning or identified consumers’ end of life wishes.
* Two of six representatives confirmed advance care plans had been arranged, however, this was at the family’s initiation. One representative described an incident in which advance care directives were not communicated to the Medical officer or ambulance staff.
* No staff interviewed were knowledgeable about sampled consumers’ wishes in relation to resuscitation, hospital transfers or if advance care plans were in place. Staff were unaware of how to access the documents on the electronic system.
* None of the staff interviewed said they had initiated or had discussions relating to advance care planning or end of life wishes with consumers.
* Management acknowledged the service was deficient in advance care planning and estimated 20% of consumers had completed advance care plans.
* End of life wishes had not been consistently documented for two consumer files sampled. End of life wishes assessments lacked detailed information relating to goals, needs and preferences to guide staff in four other consumer files sampled.

The provider submitted a response to the Assessment Team’s report and indicated that based on evidence supplied in the response, the organisation is of the opinion that Requirement (3)(b) is met. The organisation has acknowledged there are some improvement opportunities and an Improvement plan was provided as part of the response.

The provider submitted the following information to refute the Assessment Team’s finding and demonstrate the service were Compliant at the time of the Site Audit:

* It would be reasonable to expect staff know where to locate this information.
* Documents, such as advance directives, anticipatory directives or Good palliative care plans are stored within consumers’ hard copy case notes.
* One consumer’s family has provided direction that their preference is not to transfer the consumer to hospital but to have her managed at the service. It is unlikely staff on duty on the day did not know the families wishes.
* Acknowledge feedback from representatives and will undertake improvements to formalise consultation processes as well as implement a structured framework for advance care planning.
* Acknowledge, for one consumer file highlighted, end of life wishes were not reviewed when the consumer entered end of life phase and did not undertake “formal” discussion at time of the consumer’s change in status.

Improvement opportunities initiated/to be initiated include,(but not limited to):

* Completed an audit to identify status of consumers’ advance care plans.
* Clinical staff to complete online palliative care training.
* Commenced an organisational Advance Care Planning project.

I acknowledge the provider’s response, the additional information provided, and the actions implemented in response to the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, assessment and planning processes did not consistently identify consumers’ current needs, goals and preferences, specifically in relation to end of life and consumers and/or representatives were not consistently engaged in advance care planning processes.

I have placed weight on information provided to the Assessment Team by four consumers and representatives indicating the service had not discussed advance care planning or identified consumers’ end of life wishes. Additionally, only two of six representatives confirmed advance care plans had been arranged, however, this had been initiated by the family. I have also considered that none of the staff interviewed were knowledgeable about consumers’ wishes in relation to resuscitation, hospital transfers or if advance care plans were in place. As such, this has the potential to impact consumers’ end of life experience.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, Non-compliant with Requirement (3)(b) in Standard 2.

### Requirement 2(3)(c) Non-compliant

*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.*

The Assessment Team have recommended this Requirement as not met. The Assessment Team were not satisfied the service’s communication processes for consulting and liaising with consumers and representatives were effective to establish ongoing partnership during assessment and planning processes. This was evidenced by the following:

* All four consumers interviewed confirmed the service has not engaged in discussions regarding the care and services they receive.
* Consumer consultation regarding longer-term care planning and assessment was not evidenced in any consumer files sampled.
* Representatives had been retrospectively informed of changes to consumer’s health status or care needs.
* There was no evidence the service had initiated case conferences or meetings with consumers or representatives prior to care plan reviews, or any other occasion, other than when requested by the family.
* Management acknowledged the service could be more proactive at initiating discussions, rather than waiting for representatives to request information and updates.

The provider submitted a response to the Assessment Team’s report and indicated that based on evidence supplied in the response, Requirement (3)(c) is met. The organisation has acknowledged there are some improvement opportunities and an Improvement plan has been implemented and was provided as part of the response.

The provider submitted the following information to refute the Assessment Team’s finding and demonstrate the service were Compliant at the time of the Site Audit:

* Provided evidence demonstrating care plan consultation with eight consumers and/or representatives.
* Provided evidence of case conferences for three families and General practitioner case conferences for three consumers and/or their family members.

Improvement opportunities initiated/to be initiated include,(but not limited to):

* Implemented a new care plan evaluation tool.
* Consolidate staff training to ensure consistent consultation is undertaken.
* Document consultation process to ensure all steps are completed, highlighting a focus on consumer and representative involvement.

I acknowledge the provider’s response, the additional information provided, and the actions implemented in response to the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, assessment and planning was not consistently based on ongoing partnership with the consumer and/or representatives .

I have placed weight on information provided to the Assessment Team by consumers and identified through a sample of consumer files viewed. All four consumers stated they had not been involved in discussions relating to the care and services they received, other than on entry to the service. This was further evidenced through consumer files sampled demonstrating consumers and/or representatives were not consulted prior to care plan reviews and representatives were retrospectively informed of changes to consumers’ health status or care needs. I have also placed weight on information provided to the Assessment Team by management acknowledging the service could be more proactive at initiating discussions with representatives.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, Non-compliant with Requirement (3)(c) in Standard 2.

### Requirement 2(3)(d) Non-compliant

*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.*

The Assessment Team have recommended this Requirement as not met. The Assessment Team were not satisfied the service ensured care plans were readily available to the consumer and/or representatives or that outcomes of assessment and care planning are effectively communicated. This was evidenced by the following:

* All four consumers interviewed were not aware of their care plan or how/where to access it and stated the service had not engaged them in discussions regarding care and services they receive.
* Five of six representatives did not know about care plans and stated a copy had never been offered. All six were unaware of six-monthly care plan reviews and had not been informed these reviews occurred.
* Seven care files sampled did not include documented evidence consumers and/or representatives had been offered a care plan or been informed of outcomes of care plan reviews.
* Four clinical staff interviewed did not know whether consumers and/or representatives could be provided a copy of the care plan.
* Management acknowledged consumers and or representatives are not always invited to care plan reviews, made known of the availability of care plans and frequently wait for representatives to request information.

The provider submitted a response to the Assessment Team’s report and indicated that based on evidence supplied in the response that Requirement (3)(d) is met. The provider submitted the following information to refute the Assessment Team’s finding and demonstrate the service were Compliant at the time of the Site Audit:

* All care plans and assessments are readily accessible for consumers and/or representatives to access.
* Provided evidence to dispute information provided by two representatives highlighted in the Assessment Team’s report demonstrating involvement of consumers and/or representatives in outcomes of assessment and planning.

I acknowledge the provider’s response and the additional information provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, outcomes of assessment and planning were not consistently communicated to consumers and/or representatives and care plans were not readily available.

I have placed weight on information provided to the Assessment Team by consumers and representatives who indicated they were not aware of care plan documents, had never been offered a copy of the consumers’ care plan and they had not been informed of care plan review processes. This was supported by feedback provided by clinical staff indicating they were not aware consumers and representatives could be provided with a copy of the care plan. I have also taken into consideration feedback from management acknowledging consumers are not always invited to participate in care plan reviews or made aware of the availability of care plans.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, Non-compliant with Requirement (3)(d) in Standard 2.

### Requirement 2(3)(e) Compliant

*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.*

# 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 assessed as Non-compliant as one of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(a) and (3)(c) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a) and Compliant with Requirement (3)(c). I have provided reasons for my findings in the specific Requirements below

The Assessment Team found overall, sampled consumers considered that they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the care they need and were satisfied with personal and clinical care provided.
* they have access to Medical officers and allied health professionals when they need them.

The service has some policies and procedures relating to best practice care delivery, including diabetes management, nutrition and hydration and falls management. High-impact or high-prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. However, the Assessment Team were not satisfied the service adequately demonstrated wound and pain management documentation was consistently completed or the needs, goals and preferences of consumers’ nearing the end of life had been adequately recognised, documented and addressed.

Consumer files sampled demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. This was confirmed by consumers and representatives through interviews. Care files demonstrated where changes to consumers’’ health had been identified, further charting and monitoring processes had been implemented and referrals to Medical officers and/or allied health specialists initiated. Additionally, there are processes to ensure information is communicated within the organisation and with others where responsibility of care of the consumer is shared.

The service demonstrated appropriate infection control measures are in place, including in relation to outbreak management. Whilst clinical and care staff interviewed were not aware of the term ‘antimicrobial stewardship’, they were able to describe practical strategies to minimise the spread of infection. Additionally, the service’s practices promote appropriate antibiotic prescribing and use, and incidents of infections are documented, analysed and trended on a monthly basis.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure delivery of safe and effective clinical care and personal care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, to be Non-compliant with Requirement (3)(a) and Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team have recommended this Requirement as not met. The Assessment Team were not satisfied the service adequately demonstrated wound and pain management documentation was consistently completed. This was evidenced by the following:

* Staff confirmed all aspects of the pain chart should be completed. This was confirmed by management.
* Staff interviewed confirmed wound size and all aspects of the wound charts should be completed.
* Staff stated the same members of staff review wounds weekly and claimed staff were familiar with the state of healing and could recognise deterioration and improvements.

Consumer A

A stage II pressure injury was identified in September 2020.

* Wound documentation was inconsistently completed and included minimal information to monitor progress of wounds.
* Two wound assessments were identical and included no information to gauge changes or improvements since the last review. The size and description of the wound was not documented.
* Information relating to the wound size, severity, colour, exudate, infection, surrounding skin, wound edges, odour and pain was not consistently completed for all wound reviews.
* Only two wound photographs were evident in the three months since the wound was identified. Management stated photos should be taken weekly.

Consumer B

An ulcer was identified in March 2020.

* A wound assessment included minimal information to describe the wound size and description of the wound was not documented. A request for pain relief to be administered prior to dressing changes was not reflected on the assessment.
* Information relating to the wound size, severity, colour, exudate, infection, surrounding skin, wound edges, odour and pain were not consistently completed for all wound reviews.
* Wound charting was on occasion contradictory.
* Only one wound photograph was evident in the nine months since the wound was identified.
* Pain charting for September 2020 had not been consistently completed and included an Abbey pain score despite the consumer being able to verbalise pain. Additionally, the pain rating occasionally conflicted with the Abbey pain score.

Consumer C

* Pain charting for November to December 2020 had not been consistently completed. Of the 43 documented assessments, required information, including trigger, location, orientation, pain rating, behaviours, interventions, effectiveness and Abbey pain score were not consistently documented.

Pain charting was also noted to be inconsistently completed for three other consumer files sampled. Management confirmed staff are expected to complete all aspects of wound charting.

The provider submitted a response to the Assessment Team’s report and indicated that based on evidence supplied in the response, the organisation is of the opinion that Requirement (3)(a) is met. The organisation has acknowledged there are some improvement opportunities, an Improvement plan has been implemented and was provided as part of the response.

The provider submitted the following information to refute the Assessment Team’s finding and demonstrate the service were Compliant at the time of the Site Audit:

In relation to wound management:

* Acknowledge the exact documentation is not always in line with the service’s policies and procedures. Acknowledge deficit in documentation of wound size on the assessment chart.
* The service can demonstrate wounds are monitored and documented and reiterate this has not impeded effective wound management and healing for consumers reviewed.

In relation to consumer A

* Do not agree that only two photos of the wound were evident and asserts there were 11 photographs since September 2020. However, these were not submitted as part of the provider’s response.

In relation to Consumer B

* Documentation relating to four wounds contained appropriate photographic evidence, taken on a regular basis. However, these were not submitted as part of the provider’s response.
* Wound photographs are not required to be taken weekly. Required frequency of photographs is determined by the assessment of a Registered nurse and on an ongoing basis.
* Infection was monitored closely and frequently by the Medical officer and specialist.

In relation to pain management

* No information was submitted in the provider’s response to refute information in the Assessment Team’s report relating to inconsistencies with pain charting.

Improvement opportunities initiated/to be initiated include,(but not limited to):

* Toolbox training for registered staff.
* Clinical staff to make appointments with the Clinical services manager to attend wound and pain documentation training.
* Weekly audits of pain and wound documentation.

I acknowledge the provider’s response, the additional information provided, and the actions initiated in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, wound and pain management documentation was not being consistently completed.

In relation to wound management, evidence in the Assessment Team’s report demonstrates consumers’ wound treatment records were not consistently completed or photographs consistently taken. I acknowledge for consumers highlighted in the Assessment Team’s report, wounds appeared to be healing and/or stable. However, I have placed weight on information provided to the Assessment Team by staff and management confirming all aspects of the wound chart are expected to be completed. Given the nature of the wounds described, I find it reasonable for consumers to expect their wounds are monitored at each treatment, including consideration of wound appearance and measurements of the wound undertaken, in line with the service’s processes and best practice. Such practices would ensure wound progression is monitored and wound deterioration is identified in a timely manner.

In relation to pain management, the Assessment Team’s report indicates pain charting was not consistently completed and whilst Consumer B was able to verbalise pain, an assessment tool for consumers unable to verbalise pain was used. I have placed weight on information provided to the Assessment team by staff and management indicating all aspects of the pain chart should be completed. However, I find it reasonable to expect where consumers are identified with pain, information relating to the location, trigger, pain rating, interventions and effectiveness are documented on pain charting documents. Such information would assist the service to review effectiveness of current management strategies or trigger review and development of new strategies to ensure consumers’ comfort is maintained and health and well-being optimised.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, Non-compliant with Requirement (3)(a) in Standard 3.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

The Assessment Team have recommended this Requirement as not met. The Assessment Team were not satisfied for consumers nearing the end of life, needs, goals and preferences had been adequately recognised, documented and addressed. This was evidenced by the following:

* End of life plans for two consumers contained insufficient documentation relating to needs, gaols and preferences and consumers had been provided minimal to no psychosocial support.
* Representatives confirmed consumers’ end of life goals, needs and preferences had not been discussed, recognised or addressed.
* Documentation for Consumer A demonstrated minimal communication with family.
* The representative confirmed the family were never informed the consumer was receiving palliative care and were never asked about the consumer’s end of life needs, goals or preferences.
* Progress notes indicate no lifestyle intervention.
* Consumer Bs family indicated a formal discussion relating to palliative care, including end of life wishes, goals or expected service provision had not occurred.
* Progress notes indicate minimal lifestyle intervention.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. I have placed weight on information provided to the Assessment Team from both Consumer A and Consumer Bs representatives indicating satisfaction with care provided to consumers during the palliative phase of care. Based on this information, I find the needs, goals and preferences of both Consumer A and B were recognised and addressed by the service and their comfort maximised.

Consumer A’s representative was not satisfied night staff appeared knowledgeable about the palliative care process, specifically after death. However, did express satisfaction with the palliative care provided to Consumer A and was complimentary of staff. The provider’s response also demonstrated regular communication with the representative relating to the consumer’s palliative care status. The Assessment Team’s report indicates progress notes demonstrate Consumer A received appropriate care in the palliative phase, including regular assessment of symptoms and pain.

Consumer B’s representative indicated they were impressed with the care provided, staff were attentive, ensured pain was well managed and staff ensured Consumer B was well cared for and dignity was preserved. This information was supported by progress note entries viewed by the Assessment Team. In relation to lifestyle input, the representative indicated Consumer B would likely not have wanted any input in their final days. Additionally, the provider’s response included examples of communications with the representative relating to end of life care discussions, including with the Medical officer.

In relation to end of life plans, I have considered this information in my finding for Standard 2 Requirement (3)(b).

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, Compliant with Requirement (3)(c) in Standard 3.

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* are able to maintain their independence and do what is important to them.
* staff are supportive of their emotional, spiritual and psychological well-being and staff regularly check on their well-being.
* are supported to have and maintain social and personal relationships and were supported to maintain communication with friends and family during the COVID-19 lockdown.
* their condition needs and preferences had been identified by the service and were known by staff.

Assessment and consultation processes assist staff to gather information relating to consumers’ personal history, past and present interests, goals, cultural and spiritual preferences and emotional and psychological needs. Information gathered is used to develop individualised care plans to assist staff to provide care and services to consumers’ in line with their preferences. Staff described life experiences and interests of sampled consumers in line with care plan documents. Consumer files sampled demonstrated consumers are provided with emotional support, both in a group setting and one-on-one.

An activities schedule is devised each month based on consumers’ preferences and requests. A range of activities are offered, including cultural events and religious services. Consumer attendance at activities is monitored, and the activity schedule reviewed in response to monitoring outcomes.

A sample of consumer files included information relating to how consumers wish to maintain relationships with family and friends. Additionally, information about consumers’ conditions, needs and preferences is clearly documented and communicated within the service and with others where responsibility is shared. Consumer files sampled included involvement of other organisations in the provision of lifestyle support, including social workers, volunteers and spiritual leaders.

Consumers sampled were very satisfied with the meals provided and stated they can have alternative meals if they choose. Consultation processes assist to identify each consumers’ dietary needs and preferences and this information is shared with hospitality staff. Consumers expressed satisfaction with equipment provided and confirmed the equipment is always available, clean and well-maintained.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, to be Compliant with all Requirements in Standard 4 Service and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong, and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* feel at home and the care and services provided make it a nice place to live.
* find the home safe, clean and well maintained.
* can access outdoor living spaces if they want to.
* the furniture, fittings and equipment are safe, clean, well maintained and suitable for them.

The Assessment Team noted the environment was welcoming and reflected dementia enabling principles of design. Navigational aids, including signage and exit lights are located around the service to let consumers know where they are. Each area has shared communal areas where consumers can interact freely with others and consumers are able to move freely both indoors and outdoors.

The environment was observed to be safe, clean and well maintained with appropriate external and internal secured entrances. Maintenance staff described how maintenance tasks are identified, reported and actioned. Reactive and preventative maintenance processes are in place; external contracted service providers assist in monitoring and maintaining the building and equipment. Cleaning processes are in place and cleaning staff were observed to carry out their duties throughout the Site Audit.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers during interviews with the Assessment Team:

* feel safe in raising concerns and confident action would be taken.
* have access to the manager and have been told they can speak with them anytime.
* the service responds to their feedback.

Consumers are provided with information about internal and external complaint avenues on entry. The Assessment Team observed feedback forms and complaints and advocacy information displayed and readily accessible. Suggestion boxes are located throughout the service to enable consumers to submit feedback anonymously. Consumers who experience difficulty communicating stated they have access to supports to assist them to provide feedback.

Consumers stated the service responds to their feedback. Clinical staff described actions they implemented in relation to recent complaints and were aware of open disclosure processes.

The service demonstrated how complaints are reviewed and used to improve the quality of care and services. A complaints register is maintained, and documentation viewed by the Assessment Team demonstrated complaints are followed up with the complainant in a timely manner.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers sampled considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* there are adequate numbers of staff to meet their needs and assist them promptly
* staff attend to their call bells and care needs promptly.
* were complimentary about the staff and described how staff are caring and respectful;
* staff attend to care, and service needs and know what they are doing.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. Administration staff described processes to address staffing shortfalls and staff interviewed said they have enough time to attend to consumers’ care needs and respond to call bells. However, three of nine representatives interviewed stated staff do not always answer call bells promptly. The representatives stated the service had been responsive to their concerns with one stating they had noted an improvement following their feedback.

Staff were observed interacting with consumers in a kind, caring and respectful manner. Management described how they monitor staff competency and stated where staff are identified as not performing their job correctly, further training may be provided.

The organisation’s new staff recruitment processes include an induction, mandatory training, competency assessment and buddy shifts. An annual mandatory training program is in place and training records viewed by the Assessment Team demonstrated all staff have completed mandatory training components for 2020. Staff performance appraisals are conducted annually, and as required basis and documentation viewed demonstrated all staff have been involved in this process.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team have recommended Requirements (3)(c), (3)(d) and (3)(e) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view from the Assessment Team and find the service Compliant with Requirements (3)(c), (3)(d) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

Overall, sampled consumers considered that the organisation is well run, and they can partner in improving the delivery of care and services. The organisation has a documented Consumer and Carer Engagement framework which guides consumers, carers and staff on how consumers participate in key areas of the organisation. Management described how consumers have input about their experiences and quality of care and services, including through service review processes, meeting forums and surveys.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. There are a range of reporting mechanisms to ensure the Board is aware of and accountable for the delivery of services.

The organisation has a governance structure to support all aspects of the organisation, including continuous improvement, financial governance, workforce and clinical governance and feedback and complaints. However, the Assessment Team were not satisfied the organisation demonstrated effective organisation wide governance systems relating to information management and regulatory compliance.

The organisation has a risk management system and clinical governance framework in place. However, the Assessment Team were not satisfied the organisation’s risk management system and practices adequately demonstrated management and monitoring of high-impact or high-prevalence risks associated with the care of consumers or the clinical governance framework effectively supported strategies to minimise infection related risks and promote antimicrobial stewardship.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### 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.*

The organisation demonstrated effective governance systems in relation to continuous improvement, financial governance, workforce governance and feedback and complaints. However, the Assessment Team were not satisfied the service adequately demonstrated effective governance systems in relation to information management and regulatory compliance and, as such, recommended this Requirement as not met. This was evidenced by the following:

Information management:

* Some documents requested were yet to be developed and implemented.
* Other documents requested, such as a workforce governance framework, clinical meeting minutes, examples of budget/expenditure, and access to the electronic care system were either not provided, not provided in a timely manner or were not the documents requested.
* The organisation does not have an effective antimicrobial stewardship framework.
* Management said there was no pain management procedure to guide staff and pain is incorporated into other guidelines. The service did not demonstrate tis is effective to ensure adequate pain management for each consumer.
* Consumer names were not recorded in the electronic incident reporting system.

Regulatory compliance

* The organisation did not always provide documents as required under the *Aged Care Quality and Safety Commission Act 2018* or in a timely manner.

The provider submitted the following information to refute the Assessment Team’s finding to demonstrate the service were Compliant at the time of the Site Audit:

* The organisation does not have a workforce governance framework. However, does have a set of systems and processes inclusive of policies and procedures defining how the organisation manages workforce governance.
* Adequate documents were provided to enable the Assessment Team to declare all components of Standard 7 and Standard 8 (3)(c) in relation to Workforce governance.
* Acknowledge information relating to budgets or expenditure were not provided. This was an oversight, however, the Assessment team did not advise this information had not been provided.
* There are no Clinical meetings. High risk resident meetings are held weekly. Minutes of these meetings were provided to the Assessment Team.
* Acknowledge there is not one document to guide pain assessment and management.
* Consumer names are a mandated field on the electronic system.
* Believe required documents were provided as requested in the timeframes requested.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. The Assessment Team’s report indicates documents requested were either not provided, not provided in a timely manner or were not the documents requested. In coming to my finding, I have placed weight on information submitted in the provider’s response which includes further clarification relating to the areas highlighted in the Assessment Team’s report. In relation to antimicrobial stewardship, I have considered this information in my finding for Requirement (3)(e) in this Standard.

I have considered information submitted by the provider in relation to pain management procedures, High risk resident meetings and incident reporting processes. I acknowledge a pain management procedure is not available. However, I find this has not resulted in consumers’ pain not being effectively managed, with issues identified by the Assessment Team relating to completion of pain charting documents. I have considered this information in my finding for Standard 3 Requirement (3)(a).

I have also considered that information submitted by the provider demonstrating there are processes to monitor consumers’ clinical care risks and consumer names are required to be documented in the electronic incident management system to progress reporting processes. Additionally, I have considered, in relation to workforce governance, the Assessment Team has recommended all Requirements in Standard 7 as met.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, Compliant with Requirement (3)(c) in Standard 8.

### Requirement 8(3)(d) Compliant

*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.*

The organisation demonstrated effective risk management systems and practices related to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. However, the Assessment Team were not satisfied the service adequately demonstrated effective risk management systems in relation to high impact or high prevalence risks, specifically wound and pain management, and as such, recommended this Requirement as not met. This was evidenced by the following:

* Effective monitoring of wound management was not demonstrated for two consumers and pain management for one consumer as the consumers were included on the High risk register.
* Management advised there is no pain management procedure to guide staff. Pain is incorporated in other clinical guidelines. As such, the service did not demonstrate this is effective to ensure adequate pain management for each consumer.
* Safety quality and risk meeting minutes showed information documented was related to trends in incidents and did not address individual consumer incidents and/or risks and required by the meeting process.

The provider submitted a response to the Assessment Team’s report and did not agree with the Assessment Team’s finding. The provider submitted the following information to refute the Assessment Team’s finding:

* The organisation acknowledges there are inconsistencies in wound assessment documentation, however, this did not impact consumers’ wound management.
* The organisation does not agree pain management for consumers identified in the report was not effective. Consumers and representatives stated consumers pain was adequately managed.
* The organisation acknowledges there is not a comprehensive pain assessment and management guideline and have committed to developing this.
* The Assessment Team misunderstood that all consumers are not managed through the High risk register.
* The purpose of the Safety, quality and risk meeting has been misinterpreted by the Assessment Team. Individual consumers and individual consumer trends are not intended to be managed through this forum.
* The Safety, quality and risk meeting agenda was provided as part of the response.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. The Assessment Team were not satisfied identified risks related to wound and pain management were effectively managed, specifically in relation to three consumers. However, I have considered information in the Assessment Team’s report indicating issues identified were related to charting not being consistently completed. The Assessment Team’s report does not indicate the consumers’ wounds and incidence of pain were not effectively managed. As such, I have considered this information in my finding for Standard 3 Requirement (3)(a).

I have also placed weight on information provided in the Assessment Team’s report indicating the service and organisation has established risk management systems and practices in relation to management of high impact or high prevalence risks, for example:

* All incidents are risk rated in line with a risk matrix and discussed at monthly Safety, quality and risk meetings.
* High risk consumers are monitored daily through clinical updates which informs which consumers are added to the High risk register and discussed at weekly High risk resident meetings.
* Monthly reports are provided to the Executive team, including in relation to trends related to high risk consumers.

In relation to a pain management procedure, I have considered this information in my finding for Requirement (3)(c) in this Standard.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, Compliant with Requirement (3)(d) in Standard 8.

### Requirement 8(3)(e) Compliant

*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.*

The organisation demonstrated clinical governance framework inclusive of open disclosure and minimising use of restraint. However, the Assessment Team were not satisfied the organisation adequately demonstrated effective clinical governance processes relating to trending of consumers’ clinical incidents and antimicrobial stewardship and, as such, recommended this Requirement as not met. This was evidenced by the following:

* Consumer names are not recorded on the electronic incident management system and are instead referred to in the record as an identifying number.
* The service does not have a process to document trends which identifies and monitors risks to individual consumers.
* A report provided to the governing body did not include a summary to identify individual consumers, frequency of issue, trends or follow-up actions.
* Clinical team meeting minutes were not provided.
* There is no overarching antimicrobial stewardship framework.
* The Assessment Team notes this has been identified as an organisational improvement and is currently in development.
* Information reported in relating to infections was often generic and did not consistently include relevant detail for effective monitoring.
* Treatment initiated was not routinely recorded.
* The report summarised the total number of infections, however, there was no summary, analysis or explanation of the findings, outcome or action.

The provider submitted a response to the Assessment Team’s report and did not agree with the Assessment Team’s finding. The provider submitted the following information to refute the Assessment Team’s finding:

* All incidents are required to be posted at the completion of each month. Following this, several reports are run and provide a trended summary. This was provided to the Assessment Team.
* Asserts the organisation has a systemic approach to incident management inclusive of trending, monitoring and reporting.
* Acknowledges an overarching antimicrobial stewardship policy is not in place. However, processes to effectively manage antimicrobial stewardship through a range of policies and procedures.
* Provided a summary of infections for a three month period. Further information provided demonstrated appropriate management a consumer’s infection in line with antimicrobial stewardship principles.
* Acknowledge primary organisms are not always documented and have identified this as an opportunity for improvement.
* This is a documentation error and antibiotics are appropriately prescribed.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement.

The provider acknowledges an overarching antimicrobial stewardship framework is not in place; this had been identified as an organisational improvement opportunity and is currently in development. I have considered information submitted by the provider demonstrating there are policies and procedures which encompass antimicrobial stewardship principals to guide staff practice. I have also placed weight on information submitted in the provider’s response demonstrating antimicrobial stewardship principles and practices are implemented and there are processes to collate, analyse and trend infection data. Additionally, I have considered information documented in the Assessment Team’s report for Standard 3 Requirement (3)(g) indicating the service has a system for reporting, collating and monitoring infections, rates are monitored monthly and reported through various meeting forums.

Information documented in the Assessment Team’s report relating to consumer names not being documented in the electronic incident management system and Clinical team meeting minutes have been considered in my finding for Requirement (3)(c) in this Standard.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Rotary House, Compliant with Requirement (3)(e) in Standard 8.

# 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 2 Requirements (3)(b), (3)(c) and (3)(d)**

* Ensure assessment and planning processes identify each consumer’s needs, goals and preferences for end of life and advance care planning.
* Review processes relating to end of life and advance care planning discussions with consumers and representatives.
* Review processes relating to involvement of consumers and/or representatives in assessment and planning.
* Review processes relating to provision of care plans to consumers and representatives.

**Standard 3 Requirement (3)(a)**

* Staff have the skills and knowledge to:
* review and undertake wound treatments in line with wound treatment plans, ensuring wound measurements and appearance are routinely documented.
* complete pain charting, inclusive of interventions initiated to minimise and/or manage consumers’ pain.
* Ensure policies, procedures and guidelines in relation to wound and pain management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to wound and pain management.