Helping Hand Aged Care - Rotary House

Performance Report

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**Commission ID:** 6051

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

**Assessment Contact - Site date:** 28 June 2021

**Date of Performance Report:** 13 August 2021

# Publication of report

This Performance Report **will 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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
* the provider’s response to the Assessment Contact - Site report received 20 July 2021

# STANDARD 2 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

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives sampled said staff understood consumer’s needs and preferences in terms of how their care is delivered.
* One consumer and representative said they are satisfied advance care planning and end of life planning has been discussed with them by the service.
* Consumers and representatives sampled said consumers and those important to them are involved in assessment and planning on an ongoing basis.

Consumer files viewed by the Assessment Team included:

* Information about advance care planning and end of life planning, or where consumers do not wish to provide these details is documented.
* The consumer’s needs, goals and preferences in relation to the delivery of care and services is documented.
* Consultation on entry and on an ongoing basis with consumers and others such as family or representatives nominated by the consumer.

The Assessment Team identified the service has taken appropriate actions in response to the non-compliance identified following a Site Audit on 14 December 2020 to 16 December 2020.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) 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.*

This requirement was previously found non-compliant following a Site Audit on 14 December 2020 to 16 December 2020 as the service did not demonstrate they met the needs, goals and preferences for end of life or engaged consumers in advance care planning processes.

In response to the not met requirement, the service developed a plan for continuous improvement and have implemented various actions. For example, they have appointed a dedicated palliative care nurse to review and update the advance care and end of life planning from all consumers if the consumer wishes. They have also facilitated training, improved processes to discuss Advanced Care planning with consumers, and have conducted internal audits.

The Assessment Team reviewed a sample of files and confirmed they now demonstrated individual consumer’s needs, goals and preferences, including advance care planning and end of life planning are identified and documented.

The Assessment Team interviewed consumers and representatives who were satisfied advance care planning and end of life planning has been captured by the service. Staff were also able to describe the service’s process to discuss advanced care planning and end of life at admission.

I find this requirement Compliant.

### Requirement 2(3)(c) 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.*

This requirement was previously found non-compliant following a Site Audit on 14 December 2020 to 16 December 2020, as the service did not adequately demonstrate ongoing partnership during assessment and planning processes.

In response to the not met requirement, the service developed a plan for continuous improvement and have taken various actions, including discussion with their staff regarding expectations of care planning, communication, and documentation.

The Assessment Team reviewed a sample of files which demonstrated consultation on entry to the service and on an ongoing basis with consumers and others such as family or representatives nominated by the consumer occurred.

The Assessment Team also interviewed a sample of consumers who described themselves and those important to them are involved in assessment and planning on an ongoing basis. Staff interviewed were also able to describe their interactions with consumers and their representatives in discussions.

I find this requirement Compliant.

### Requirement 2(3)(d) 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.*

This requirement was previously found non-compliant following a Site Audit on 14 December 2020 to 16 December 2020, as the service did not demonstrate outcomes of assessment and care planning are effectively communicated in care plan and to consumer and/or representatives.

In response to the not met requirement, the service developed a plan for continuous improvement and have taken various actions, including reviewing care plans to ensure they readily documented outcomes of assessment and planning.

The Assessment Team identified that care planning documents are now communicated and made available to consumers and/or representatives, and the consumer and representatives interviewed are satisfied with the level of communication by staff.

I find this requirement Compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the Requirement assessed within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Overall consumers and representatives considered consumers receive personal care and clinical care that is safe and right for them. Consumers and representatives said they were also satisfied with the management of the individual personal and clinical care needs required that is tailored and optimised their health and wellbeing.

During a previous Site Audit conducted from 14 December 2020 to 16 December 2020 the Assessment Team identified deficits in the management of wounds for one consumer. The service had not adequately completed wound descriptions, taken photographs of the wounds as per the service’s policy, progress of the wound was not identified and a referral not made to a specialist when the wounds deteriorated.

The Assessment Team reviewed the same consumer identified in the previous Site Audit and noted that wound photographs have been taken and that the consumer’s wound is healing. It has also been acknowledged that the service has undertaken additional improvements since their last Site Audit.

However, two additional consumer files viewed during the Assessment Contact indicates that wound documentation were still not consistent according to best practice, and there were gaps in pain management and in monitoring care to ensure it is optimising a consumer’s health and wellbeing. Clinical staff interviewed were also able to describe the wounds and the management of the wounds for these consumers, however, were unable to demonstrate wound management and acknowledged that there are deficits in the identification, assessment, management, and documentation of the wounds.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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 identified the service did not demonstrate each consumer receives care in relation to skin integrity management, pain management, and infections which are best practice, tailored to their needs, and optimised to their health and wellbeing.

The Assessment Team interviewed a sample of consumers who described themselves as satisfied with the personal and clinical care received. Staff interviewed were also able to describe the training they have received, and their understanding of processes related to care. The Assessment Team also noted that the service has made improvements in clinical care since their last Assessment Contact and also keep their policies up to date.

Whilst the sample consumer feedback was positive, the team reviewed care documentation and identified some gaps in individual consumer care.

The Assessment Team identified the service did not manage wounds according to best practice, as one consumer had a wound that was first identified as an ‘unstageable wound’ with no prior identification of the wound at earlier stages. The team also noted some concerns in the management of the pressure injury post identification, including delayed repositioning charts or pressure area care. Furthermore, the team identified that the documentation of the consumer’s wound was not consistent and the photos do not consistently measure the wound, breadth and length of the wound, or whether the wound has underlying infection or deterioration. Also, the team identified that the wound was not referred to a wound specialist even after a progress note stated the wound had ‘broken down’. The team additionally identified the consumer’s related pain was also not assessed or documented as team was unable to identify pain charts or assessments for the consumer when they complained of pain related to the wound over a series of days.

The Assessment Team also identified a consumer whose fingernail infection did not have documentation that evidenced assessment, monitoring, review, nor did it follow the service’s wound management guidelines.

The provider has since responded acknowledging that the documentation of the wounds were not consistent and they are following up with individual support staff to ensure they receive further education. All staff will also undergo further training and management will continue with audits of wound and pain document.

However, the provider disputed the other findings of the Assessment Team. The provider refutes that the consumer with the ‘unstageable’ wound had an existing pressure wound that was not earlier identified or managed. They wish to note that pressure injuries and wounds can evolve rapidly, and they have submitted evidence to demonstrate the consumer with the wound identified as ‘unstageable’ had been reviewed by the General Practitioner (GP) previously with no identification of the wound. They have also submitted evidence to demonstrate their management of the wound after identification, including collaboration with health professionals and the GP to review the wound, and assessment and provision of supportive devices to relieve pressure. They note the provider did not refer the wound to a wound specialist as it was not advised by the GP and the wound has since demonstrated healing.

The provider also disagreed with the consumer not having pain charts or assessments when pain was identified and note pain charts were commenced for the consumer during a certain period with only one occasion of minor pain. They also note there was consistent monitoring of the resident’s pain as per progress notes with no identification of any issues. However, I note that the aforementioned pain charts did not cover the series of dates the Assessment Team reported where the consumer had complained of pain, and the provider has not provided further evidence to demonstrate this occurred during these series of dates. I note that the service’s internal pain management policy suggests that all clients should be assessed for pain when indicated by a client, and pain charts to be completed and evaluated. The provider has stated that they will provide ongoing education and training in pain management to staff.

The providers responded that the consumer with fingernail infection did not have a wound and therefore did not require to be managed as a wound and have submitted evidence of three reviews by a GP of the consumer’s fingernail beds. Whilst I agree with the provider that it may not be a wound, I note that the evidence provided of the GP review do not match the date periods of the infection identified by the Assessment Team. The provider has also not provided any other documented evidence to demonstrate staff have assessed and observed the infection as it progressed to monitor whether care is effective and the infection is healing.

Based on the above information, I acknowledge that the provider has made significant improvements to their practice to meet this requirement since the last Site Audit. However, there are some still gaps in relation to assessing, monitoring, and documenting wounds, pain and other care. I have also considered that wound documentation was previously identified to be a concern during the Site Audit from 14 December to 16 December, and concerns remain identified during this Assessment Contact.

I find this requirement Non-Compliant.

# 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.

### 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.*
* Ensure staff are trained in wound documentation and consistently record the measurements of a wound according to best practice including the breadth, length, and colour.
* Ensure pain is managed according to best practice, including assessment and documentation where required
* Ensure assessment, monitoring, and review of care is consistently evident to demonstrate that care is safe and effective for consumers