Helping Hand Aged Care-Doreen Bond House

Performance Report

49 Buxton Street
NORTH ADELAIDE SA 5006
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**Commission ID:** 6783

**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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Non-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 COMPLIANTConsumer 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.

The Assessment Team found overall, sampled consumers interviewed 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.
* staff know and understand their needs and requirements.
* the home is safe, and staff value their culture, values and diversity.
* staff support them to exercise choice, independence and encourage them to maintain relationships of their choosing.

Entry processes, including assessments and consultation with consumers and representatives, assist to identify consumers’ life history, background and preferences. Care plans are developed from information gathered and assist to inform staff of consumers’ backgrounds and preferences as well as influencing day-to-day delivery of care and services.

Care planning documents sampled included information relating to consumers’ cultural, emotional, spiritual and social needs, and strategies relating to the way care and services are to be delivered. Additionally, cultural safety preferences are discussed with consumers, including on entry.

Staff interviewed spoke about consumers in a respectful manner and showed an understanding of their personal circumstances and life journey. All staff demonstrated familiarity with consumers’ backgrounds and could identify specific strategies to assist to maintain their identity, culture and diversity.

Consumers stated they are supported to take risks to enable them to live the best life they can. Care files sampled included risk assessments; consumers are supported to understand the benefits and possible harm relating to activities which involve an element of risk and are involved in problem-solving solutions to reduce risk where possible. Staff interviewed were familiar with risks taken by individual consumers and described support strategies they implement to support them.

All consumers interviewed confirmed they are supported to exercise choice and independence and staff described how they support consumers to make informed choices about their care and services. Additionally, the organisation’s Mission, Vision and Objectives of Care documents reference supporting consumers to drive decision-making and maintain relationships.

Consumers and representatives confirmed they receive information in a variety of ways to enable consumers to make decisions and exercise choice. Staff described how they communicate information to consumers who have difficulty communicating or who have a degree of cognitive impairment. All consumers and representatives sampled confirmed consumers’ personal privacy is always respected and provided examples of staff practices which ensure their privacy is maintained.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Doreen Bond 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 COMPLIANTOngoing 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* staff involve them in discussions relating to outcomes of assessments and changes to care plans.
* have a say in their daily activities and how they want care and services provided.
* discussed advance care planning and end of life planning preferences.
* are aware of and have access to care plan documents.

A range of clinical, personal and lifestyle assessments are completed on entry and on an ongoing basis. Information gathered is used to develop detailed care plans which incorporate each consumer’s goals, needs and preferences. A range of clinical risk assessment tools are also completed, including for skin, mobility, nutrition and hydration, falls, behaviour and medication. Clinical staff described initial ongoing assessment, care planning and review processes and confirmed they have access to care plans to assist with delivery of care and services to consumers. Staff described personal and clinical care needs and preferences for sampled consumers which were in line with care files viewed and information provided to the Assessment Team by consumers and representatives.

Consumer files sampled demonstrated assessment and planning processes are undertaken in consultation with consumers and/or representatives and identify and address consumers’ current needs, goals and preferences. Conversations in relation to consumers’ advance care planning and end of life planning are undertaken on entry and on an ongoing basis, and there are processes to revisit these conversations with consumers who may not wish to discuss these preferences on entry.

Consumer files sampled demonstrated where changes to consumers’ health and well-being are identified, reassessments are completed, care plans updated and referrals to Medical officers and/or allied health services are initiated. Additionally, evidence of regular care plan reviews was noted in documentation viewed.

The Assessment Team found the service has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is undertaken in partnership with the consumer and has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Doreen Bond House, to be Compliant with all Requirements 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) 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.*

### 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.*

### 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.*

### 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-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

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

The Assessment Team have recommended Requirements (3)(a) and (3)(b) 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)(a) and (3)(b). I have provided reasons for my findings in the specific Requirements below.

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

* have discussed consumers’ end of life wishes with staff on entry and during care consultation processes.
* when unwell, consumers are reviewed by the Registered nurse and medical reviews are initiated in a timely manner.
* regular reviews by Medical officers and/or allied health professionals occur and they are always informed of the outcome of reviews.
* confident staff providing care and services would identify changes to consumers’ health and well-being and would initiate referrals to Medical officers or allied health staff where required.

The service has initial and ongoing assessment and review processes to identify each consumer’s needs, goals and preferences. Individualised care plans are developed for each consumer to assist staff in delivery of care and services. Palliative care assessments are completed with consumers and/or representatives and identify consumers’ goals, strategies, spiritual, cultural and psychological aspects of care and planned personal and clinical care management strategies. Staff described clinical and personal care and supports for daily living for a consumer currently receiving palliative care.

Consumer files sampled demonstrated where a deterioration or change in a consumer’s function and capacity is identified, the condition is recognised and responded to in a timely manner, further charting initiated, monitoring processes implemented, and care plans updated to reflect care strategies in line with consumers’ current condition. Care staff described how they report changes to consumers’ condition and receive information relating to changes to consumers’ personal and clinical care requirements. 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. The service’s practices promote appropriate antibiotic prescribing and use, and clinical staff described implementation and use of a recently introduced antimicrobial stewardship form.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Doreen Bond House, to be Non-compliant with Requirements (3)(a) and (3)(b) and Compliant with Requirements (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 in line with the service’s policies and procedures for three consumers. This was evidenced by the following:

Consumer A

The consumer has four wounds, including a stage II pressure injury.

* Treatments for wound one were not undertaken at the frequency required and the width, length and depth of the wound, wound edges and surrounding skin, odour and pain descriptions had not been consistently documented.
* For wound one and four, photographs had not been taken weekly.
* For wounds two and three, wound assessments did not outline the frequency of dressing changes, the dressing required or a description of the wound.
* For wounds two, three and four, wound treatment records did not include the wound width, length and depth of the wound, wound edges and surrounding skin, odour and pain descriptions.

Consumer B

The consumer has four pressure wounds, including one stage I, two stage II and one stage III pressure injury. The stage III pressure injury is managed by a specialist care provider.

* For three wounds, not all areas of the wound chart had been consistently completed. These areas included the wound severity, width, length, depth, pain description odour, signs of infection, wound edges, dressing applied, surrounding skin.
* A pain chart included four occasions of minor pain identified. No pain management interventions were documented.
* A pain assessment indicates the consumer experiences pain. However, a pain chart was not commenced following assessment.

Consumer C

* A pain chart included two occasions of minor pain identified. No pain management interventions were documented.

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 and an Improvement plan addressing deficiencies identified in the Assessment Team’s report 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, documented and photographed and reiterate this has not impeded effective wound management and healing for consumers reviewed.
* Acknowledge there is opportunity for improvement and education opportunities for completing wound care documentation.

In relation to pain management:

* For Consumer B, review of the pain chart on the four occasions noted by the Assessment Team, minor pain was identified during provision of the consumer’s care and mild pain had settled post interventions. Therefore, no further interventions were warranted.
* The organisation asserts pain management for Consumer B is managed appropriately.
* For Consumer C, minor pain was identified at time of staff attending the consumer and mild pain resolved on completion of activities. Therefore, no further interventions was required.

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 completed in line with the service’s policies and procedures.

Evidence documented in the Assessment Team’s report demonstrates wound treatment records were not consistently completed or photographs consistently taken. The provider’s response indicated the service could demonstrate wounds were monitored, documented and photographed, however, documentation to support this statement was not submitted as part of the response.

I acknowledge for consumers highlighted in the Assessment Team’s report, wounds were noted to be healing. However, I have considered that for the consumers highlighted in the Assessment Team’s report, wounds being monitored were noted as stage I and II pressure injuries. I find it is reasonable, considering the nature of the wounds described, 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.

Where consumers were noted to be in pain, the Assessment Team’s report indicates interventions initiated to maintain consumer comfort were not identified on pain charting. The provider’s response asserts, for consumers identified, pain resolved post interventions, therefore, further interventions were not warranted. I acknowledge for Consumer B, pain was considered by a representative to be well managed. However, I find it reasonable to expect where consumers are identified with pain, interventions initiated to minimise and/or manage pain 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 – Doreen Bond House, Non-compliant with Requirement (3)(a) in Standard 3.

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

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

The Assessment Team have recommended this Requirement as not met. The Assessment Team were not satisfied the service adequately demonstrated effective management of high impact or high prevalence risks, specifically in relation to behaviour and weight management for three consumers. This was evidenced by the following:

Consumer A

* Behaviour charting did not consistently indicate behaviours the consumer presented, what happened, triggers or interventions.
* Progress notes indicated the consumer has a tendency to wander, including into other consumer rooms, has exit seeking behaviours and is physically aggressive towards other consumers and staff.
* The behaviour care plan did not include wandering and/or exit seeking behaviours or management strategies.
* A care plan review in November 2020 did not indicate a behaviour assessment or an incident relating to the consumer attempting to exit the building were reviewed.
* Clinical and care staff were aware of the consumer’s behaviours and described some strategies they initiate to minimise impact of the behaviours.

Consumer B

* The consumer recorded a 9.7kg weight loss over a six month period. Management stated the consumer’s representative did not want any actions taken.
* Correspondence to the consumer’s representative did not include the consumer’s current weight loss or review by a Dietitian as stated by management.

Consumer C

* The consumer recorded a weight loss of 8.10kg over a six month period. A Dietitian review occurred in October 2020, recommendations were implemented, and weight has remained stable.

The provider submitted a response to the Assessment Team’s report and indicated the organisation considers Requirement (3)(b) is met. The provider’s response included an Improvement plan addressing deficiencies identified in the Assessment Team’s report.

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 Consumer A

* The statement in relation to behaviour charting is correct but written immediately after completion of the charting and prior to the Registered nurse undertaking review of the charting.
* I acknowledge the chart had not been reviewed. However, the service should consider reviewing monitoring processes to ensure charting is being consistently completed during the charting period.
* The consumer has transitioned into the memory support unit to enable them to mobilise in the garden.

In relation to Consumer B

* The consumer’s physical condition began to deteriorate approximately three weeks post entry.
* Review of the weight chart indicates weight was stable throughout admission, however, dropped considerably between September and October 2020; the consumer became palliative in October 2020.
* Weight has remained stable with no further weight loss from the end of October to December 2020. A Dietitian review occurred post the Site Audit with a plan to promote weight maintenance initiated.

In relation to Consumer C

* The consumer has been reviewed by the Dietitian on six occasions since April 2020. Actions and treatments have been agreed upon by the consumer’s representative.
* The consumer has had fluctuations in weight. Weight has been stable over the past two months.

Improvements outlined on the service’s Improvement plan include:

* Clinical staff to make appointments with the Clinical services manager to attend behaviour and weight documentation training.
* Weekly audits of weight and behaviour documentation.

I acknowledge information submitted in the provider’s response and improvements to address deficits identified in the Assessment Team’s report. However, I find at the time of the Site Audit, high impact or high prevalence risks were not effectively managed. I have placed weight on evidence documented in the Assessment Team’s report related to behaviour management for Consumer A.

The Assessment Team’s report indicates progress notes described Consumer A as displaying a tendency to wander, including into other consumer rooms, has exit seeking behaviours and is physically aggressive towards other consumers and staff. It is expected that the service do all they can to manage risks related to the personal and clinical care of each consumer, including applying measures to ensure risks related to Consumer A, other consumers and the staff are minimised. Information documented in the Assessment Team’s report indicates such measures had not been adequately implemented for Consumer A. I have place weight on information in the report indicating behaviour charting was not consistently completed, a care plan review did not indicate a behaviour assessment or an incident of Consumer A attempting to exit the building were reviewed and the care plan did not describe all behaviours Consumer A displays. Therefore, strategies to minimise the impact and risk of these behaviours had not been developed.

In relation to weight management, whilst both consumers were noted to have experienced weight loss, I find appropriate management strategies were implemented. I acknowledge information submitted in the provider’s response indicating Consumer B’s physical condition deteriorated and palliative care measures commenced in October 2020. As such, it would be reasonable to expect fluctuations in weight in line with the consumer’s compromised condition. A Dietitian review occurred following the Site Audit and a plan to promote weight maintenance has been initiated. In relation to Consumer C, the Assessment Team’s report and the provider’s response indicates weight loss has been monitored and actions initiated.

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

### 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.*

### 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 COMPLIANTServices 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 that 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:

* encouraged to maintain independence and know staff are available to support them as required.
* staff respect consumers’ cultural beliefs.
* are able to continue to maintain community interests.

Initial and ongoing assessment processes identify each consumer’s personal and family history, past and present interests and cultural and spiritual preferences. Care plans are developed from the information gathered and identify consumers’ specific interests and preferences, including emotional support strategies.

The service provides a varied activity program, seven days a week. Lifestyle staff described how consumer attendance is monitored and the program reviewed to ensure it is tailored to consumers’ interests. Consumers are encouraged to have input into the activity program through meeting forums and surveys.

Consumers and representatives confirmed staff are supportive of consumers’ emotional and psychological well-being needs. Consumer files sampled included information on and management strategies to support consumers’ emotional, spiritual and psychological well-being.

Lifestyle documentation sampled included information about how consumers’ wish to maintain relationships with their family and friends and included examples of consumers participating in activities within and outside of the service. Consumer files sampled demonstrated referrals to other organisations are initiated where required, such as one consumer who was referred to a Multicultural organisation.

Consumers and representatives interviewed confirmed consumers are very satisfied with the meals provided and alternative options are available. Consumer files sampled demonstrated consumers’ dietary needs and preferences are identified through consultation with consumers and/or representatives and information is provided to and known by catering staff. Consumers are provided opportunities to provide feedback on the dining experience and menu, including food choices and the quality and quantity of meals.

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 – Doreen Bond House, to be Compliant with all Requirements in Standard 4 Services 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 COMPLIANTOrganisation’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:

* they feel at home living and the care and services provided makes it a nice place to live.
* they find the environment safe, clean and well maintained and can go outside when they want to.
* the furniture, fittings and equipment are safe, clean and well maintained and suitable for them.

The Assessment Team observed the environment to be safe, clean and well maintained. The environment was noted to be welcoming and included shared spaces for consumers to interact and consumers are able to move freely both indoors and outdoors. Navigational aids were noted throughout the service and the environment was reflective of dementia enabling principles of design.

Staff described how maintenance tasks are identified, reported and actioned. There are preventative and reactive maintenance processes, and staff described how maintenance tasks are prioritised. External contracted services assist with aspects of the service’s maintenance program. Cleaning processes are in place and work instructions are available to guide staff in their work.

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 – Doreen Bond 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 COMPLIANTFeedback 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 that overall, sampled consumers considered they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives 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 at any time.
* described how issues raised were followed up by management.
* indicated awareness of external avenues for complaints.

Consumers are provided with information about internal and external feedback and complaints mechanisms and advocacy services on entry. Feedback forms, external complaints and advocacy information, including in languages other than English were observed on display at the service.

Staff have received information on how to support consumers with complaints, including completing feedback forms on consumers’ behalf. Consumers are encouraged to provide feedback and complaints through various avenues, including directly with staff, through meeting forums and completion of feedback forms. Secure suggestion boxes are located throughout the service should consumers choose to provide feedback anonymously.

The service demonstrated how complaints are followed up with the complainant and an open disclosure process is applied. Clinical staff described actions taken in relation to complaints and were aware of open disclosure principles. Complaints are logged and analysed, reported through various forums and used to improve quality of care and services.

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 – Doreen Bond 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, sampled consumers 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, and call bells are answered when they require assistance.
* staff are kind, 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 skills mix enables the delivery of quality care and services. Administration staff described how they ensure staffing shortfalls are filled and staff interviewed said they have enough time to attend to consumers’ care needs, including responding to consumers’ call bells.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

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 – Doreen Bond 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 are 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 – Doreen Bond House, to be Compliant with 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.
* Evidence of a documented process to guide staff in relation to weight management was not provided.
* 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 were met.
* 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.
* The Malnutrition management procedure was provided to the Assessment Team and outlines screening, monitoring and actions required.
* The procedure and flow chart, both dated September 2018, were submitted as part of the provider’s response.
* 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 weight management processes, High risk resident meetings and incident reporting processes. Information provided indicates an established Malnutrition procedure and flow chart are in place to guide staff practice in consumers’ weight management, 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 have recommended all Requirements in Standard 7 are met.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Doreen Bond 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 an 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 management of high impact or high prevalence risks, specifically in relation to weight management and, as such, recommended this Requirement as not met. This was evidenced by the following:

* Two consumers identified with weight loss had not been documented and/or monitored through the High risk clinical meetings and neither consumer was included on the High risk register.
* A documented process to guide staff in relation to weight management was not provided.
* Evidence that clinical staff had been provided with education was not provided.
* 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:

* Consumers referred to in relation to weight management were at no time considered to be at high risk due to weight loss as both were in palliative stages of care.
* 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 Malnutrition management procedure was provided to the Assessment Team and outlines screening, monitoring and actions required.
* The procedure and flow chart, both dated September 2018, were submitted as part of the provider’s response.
* Education relating to malnutrition assessment has been undertaken.
* Training records submitted as part of the provider’s response demonstrates training was conducted October to December 2020.

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 weight management were effectively managed, specifically in relation to two consumers. However, the provider’s response indicates due to the consumers’ palliative status, the two consumers were not considered high risk. I have considered weight management for the two consumers in my finding for Standard 3 Requirement (3)(b).

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.

Additionally, information submitted as part of the provider’s response demonstrated an established Malnutrition procedure and flow chart are in place to guide staff practice in consumers’ weight management.

For the reasons detailed above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Doreen Bond 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, there are processes to effectively manage antimicrobial stewardship through a range of policies and procedures.
* Provided a summary of infections for a three month period demonstrating only one consumer had a recurrent infection. Further information provided demonstrated appropriate management of the 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 and 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 – Doreen Bond 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 3 Requirements (3)(a) and (3)(b)**

* 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.
* complete behaviour charting, inclusive of behaviours identified, triggers and interventions.
* identify consumers’ behaviours, review and develop appropriate management strategies and monitor effectiveness.
* Ensure policies, procedures and guidelines in relation to wound, behaviour 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, behaviour and pain management.