Performance

Report

**1800 951 822**

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| Name: | Helping Hand Aged Care - Carinya |
| Commission ID: | 6148 |
| Address: | 17-19 Victoria Road, CLARE, South Australia, 5453 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 August 2024 |
| Performance report date: | 17 September 2024 |
| Service included in this assessment: | Provider: 182 Helping Hand Aged Care Inc  Service: 4165 Helping Hand Aged Care - Carinya |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Helping Hand Aged Care - Carinya (**the service**) has been prepared by Micheal Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all Requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the assessment and planning of care, and said they are involved in care planning discussions. The service has systems in place to ensure assessment and planning occurs as required, including a dedicated registered nurse (RN) who is responsible for initial assessment and care planning as consumers enter the service. Care documentation evidenced assessment and planning considers potential risks with interventions implemented to ensure care delivered is safe and effective.

I have considered the information contained in the assessment contact report and I have placed weight on the positive feedback provided by consumers and evidence of effective assessment and planning procedures, including associated risks.

It is my decision Requirement 2(3)(a) is Compliant.

Consumers said they are involved in care planning discussions. Care documentation demonstrated the service reviews care and service plans every 6 months as per organisational policy, and as care needs change. Service documentation evidenced a review process in place to ensure consumers receive assessment and care plan reviews, and staff explained all care plans are accessible and current.

I have considered the information contained in the assessment contact report and I have placed weight on the positive feedback provided by consumers and evidence of an effective care and service plan review process.

It is my decision Requirement 2(3)(e) is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the management of high impact and high prevalence risks. Care documentation demonstrated staff are effectively assessing and managing consumers’ care needs including falls management, diabetes management, complex care, wound care management, and restrictive practice. Service documentation evidenced procedures and processes in place for staff to be guided by in managing high impact and high prevalence risks.

I have considered the information contained within the assessment contact report and I have placed weight on positive feedback provided by consumers and representatives, and evidence of effective systems and processes in place to guide a safe delivery of care and services.

It is my decision Requirement 3(3)(b) is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services. Service documentation evidenced processes in place to plan, coordinate, and deploy their workforce.

In relation to the workforce responsibilities (including the 24/7 registered nurse) requirement and mandatory care minutes, the service’s roster and interviews with management evidenced there is not a RN rostered on site and on duty at the service 24 hours per day, across 7days of the week. Additionally, the service is currently not meeting their mandatory care minute targets. However, service documentation and interviews with staff and management demonstrated strategies the service has in place to ensure care sufficiency including:

* Ongoing recruitment for registered and care staff.
* The service continues to have ongoing discussions with local universities and TAFE to encourage student placement opportunities.
* Two Enrolled Nurses are currently completing their RN studies and the service plans to support their career transition.
* Provision of local accommodation for staff relocating to the region.
* The service is currently negotiating higher rates of pay.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, strategies the service evidenced to ensure care sufficiency.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The organisation demonstrated an effective clinical governance system in place which provides guidance to staff to ensure the delivery of quality care and services to consumers. Service documentation evidenced systems to maintain and improve the safety and quality of care to ensure beneficial outcomes are achieved.

In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff demonstrated understanding of the organisation’s policies and procedures, and provided examples how each element applies to their job role.

I have considered the information within the assessment contact team report, and I have placed weight on the information including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of a competent and qualified workforce, and ongoing and continuous improvement actions.

It is my decision Requirement 8(3)(e) is compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)