Performance

Report

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| Name of service: | Performance report date: |
| Helping Hand Aged Care - Carinya | 22 August 2022 |
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| Helping Hand Aged Care Inc | 27 July 2022 to 29 July 2022 |

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 considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Site Audit; the Site Audit 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 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

## Findings

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Staff were familiar with consumer’s backgrounds and preferences for how care was delivered such as ensuring only female carers attended to the personal hygiene needs where the consumer preferred this.

Staff knew how the consumer’s culture influenced care and daily activities and gave examples of how they engaged with consumers of different cultural backgrounds to greater understand their life history. Care planning documentation identified lifestyle assessments were completed to gather information on the cultural and spiritual needs of consumers including support strategies such as assisting consumers to attend religious services.

Consumers said they made choices for themselves, could form and maintain relationships and could take risks. Staff described how they supported consumers to connect with family and those important to them, these were identified when entering the service through assessment. Staff were observed asking consumers their preferences and giving consumers choice in their care including asking a consumer if they were ready to go to the dining area for a meal.

Consumers described how they were supported to take risks to enable them to live the best life they could such as drinking alcohol or leaving the service independently; staff described the risk assessment process and knew the areas in which consumers wanted to take risks and how to support these consumers to understand the benefits and possible harm when making decisions about taking risks.

Staff described how information was provided to consumers including verbal updates, activities schedules and calendars. Consumers and representatives confirmed they received information to make decisions in a timely manner. Staff described strategies for communicating effectively where a consumer had a language or hearing barrier, they involved family and/or staff who speak the same language or use communication cards.

Consumers confirmed their personal privacy was respected by staff and care was taken to maintain dignity during delivery of clinical and personal care. Staff were observed knocking on doors and waiting before entering consumers’ rooms. Consumer information was stored electronically and was password protected with individual logins for staff. The service has a privacy policy which detailed how the service handled personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | 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 confirmed they were involved in the assessment and care planning on an ongoing basis; care planning documentation demonstrated consumers’ current needs and preferences had been identified including advance health care and end-of-life wishes.

Staff described initial assessments completed on entry to the service included risk assessments conducted on day one of admissions. Consultation occurred with a multi-disciplinary team of health professionals including the medical officer and physiotherapists. Assessments included mobility, vision, hearing, pain, skin, personal preferences, spiritual and emotional needs, nutrition and hydration, and included the assessment of risk.

Consumers said staff explained information about their care and services and knew they could access a copy of their care and service plan if they wished. Progress notes and handover processes evidenced information is readily shared amongst staff and other providers of care. Staff described how they used outcomes assessment and planning to inform delivery of safe and effective care.

The service had a clinical assessment and care planning policy outlining ongoing assessment and planning in partnership with consumers with initial care plans to be completed within 28 days of admission and 6-monthly reviews thereafter or when circumstances changed. Changes to care planning when incidents occurred were observed, these had been updated promptly and representatives advised accordingly. Staff were notified of any changes via the electronic care management system and during handover.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

## Findings

Consumers said they received safe and effective personal and clinical care that was tailored to meet the individual consumer’s needs and optimised their health and well-being. Care planning documentation reflected consumers’ individual needs and preferences, staff described how this information informed the provision of safe and effective personal care, including communication of information inside and outside the service to other care providers, and timely and appropriate referrals to allied health professionals to support consumers’ health and well-being.

The service had policies and procedures for key areas of care including but not limited to, restrictive practices, skin integrity and pain management, all of which reflected best practice. For a consumer with both environmental and chemical restraint, staff were familiar with a behaviour support plan in place outlining effective non-pharmacological strategies to be implemented prior to the use of antipsychotic medication to minimise the use of medication. ‎‎‎‎Clinical indicator reports demonstrated how the service analyses and responds to clinical indicators, incidents and risks with clinical indicators discussed at staff meetings and used to identify improvements in the delivery of consumer care.

Consumers and representatives said the service managed high impact and high prevalent risks effectively; a representative confirmed the consumer was supported to take risks as they chose not to use the sensor beam and mat to alert staff of falls and staff completed observations if the consumer did have a fall. Staff advised all consumers have a clinical risk assessment completed on entry to the service with strategies implemented in line with the consumer’s wishes.

The service demonstrated consumers who were nearing the end of life had their dignity preserved and care was provided in accordance with their needs and preferences. Representatives expressed confidence that when the consumer needed end-of-life care, the service would support them to be as free as possible from pain and to have those important to them, with them.

Care planning documentation reflected the identification of, and response to, changes in the consumer’s condition or health status. Clinical records indicated consumers were regularly monitored, if deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified. Handover documentation evidenced consumers’ change in needs was communicated to staff to ensure directives were adhered to.

Staff demonstrated an understanding of how infection-related risks were minimised at the service and how they minimised the need for, or use of, antibiotics and ensured they were used appropriately. The service had policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak, including for COVID-19. Observations confirmed appropriate infection prevention measures were in place.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers considered they got services and supports for daily living which were important for their health and well-being and enabled them to do the things they wanted to do. Consumers described how staff assisted them to take part in activities, inside and outside the service, such as participating in exercise groups, walking groups, attending church services and playing games. Care planning documentation demonstrated assessment processes captured consumers’ likes and dislikes, preferences and interests.

Consumers said their families and friends were encouraged to visit them at the service. Care planning documentation included information about a consumers’ relationships, personal goals, individual and group activities, as well as their emotional, spiritual, cultural, social, and community needs. Staff knew what was important to each consumer, their interests and preferences and were observed demonstrating practices to promote the emotional and psychological well-being of consumers such talking in reassuring tones to comfort consumers when upset.

Lifestyle staff described how activities were tailored with input from consumers to ensure they enjoyed participating in scheduled activities; additionally, activities which promoted a healthy life for consumers such as physical daily exercise were offered. Consumers provided examples of engaging in the community such as going out for lunch with friends, participating in outings or attending church services outside the service.

Consumers considered their needs and preferences were well communicated between staff and allied health providers, care plan documentation provided adequate information to support safe and effective care delivery. Staff explained how they were kept up to date on changing conditions of a consumer through handover processes, a shared communication book held in the nurse’s stations, and progress notes captured on the electronic care management system.

Consumers were aware of other providers of care available to them and confirmed referrals were made in a timely and appropriate manner. Staff were familiar with external services offered at the service including optometry, dietetics and a physiotherapist who attended weekly.

Care planning documentation reflected consumer dietary needs and preferences such as allergies, likes and dislikes, favourite treat or drink. Consumers said the meals were of suitable variety, quality and quantity of food.

Consumers advised the service environment was clean, they had access to equipment to support them in their daily living which was safe to use and well maintained by the service. Observations confirmed the equipment was clean and in good working order, maintenance documentation confirmed equipment was inspected and serviced routinely.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers and representatives reported feeling comfortable and safe in the service environment; consumers said they felt at home. Staff described the features of the service environment designed to support functioning of consumers with a cognitive impairment including signage, gardens, handrails and lighting. The service was observed to be welcoming and easy to navigate with accessible indoor common areas and outdoor garden areas with seating.

Staff said consumers were encouraged to independently navigate and function in the service and staff were always available to assist, support and direct consumers around the service. Consumers said they had access to a range of equipment aids including walking frames, wheelchairs and comfort chairs. Consumers were observed freely mobilising around the service with and without the use of mobility equipment.

Cleaning staff were observed attending to the service environment, furniture and fittings and equipment were clean, well maintained and appropriate for consumer needs. The service’s preventative maintenance schedule evidenced regular maintenance was occurring, maintenance issues reported by staff and consumers were resolved in a prompt manner.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints and appropriate action was taken. The service had written materials providing information on complaints and feedback processes accessible to consumers and representatives including details on external support services. Consumers were aware of and had access to advocates, language services and other methods for raising and resolving complaints.

Consumers and representatives confirmed appropriate action in response to complaints and open disclosure was used when things went wrong at the service. Staff knew how to support consumers with any complaints, described the complaints process and the role of clinical staff and management in responding to and apologising for any concerns raised by consumers or representatives and communicating throughout the resolution process.

Staff described ways in which feedback could be received including through verbal conversations, consumer meetings, phone calls, emails, feedback forms as well as at the new electronic kiosk. Consumers confirmed they felt safe raising any concerns with staff and issues would be addressed; staff said they would document feedback or complaints in progress notes and conduct an investigation of the complaint. Staff knew how to access language, interpreter and advocacy services for consumers, but had never needed to do so.

Staff provided examples of how feedback and complaints were used to improve the quality of care and services, consumer meeting minutes evidenced how consumer suggestions for improvements to outdoor areas were documented and actioned. The service’s continuous improvement plan was observed to reflect formal feedback received from consumers and representatives.

The feedback and complaints policy and procedures were observed to reflect processes in place. Feedback pamphlets and an electronic feedback kiosk were observed available in the service.

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# Standard 7

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| Human resources | | Compliant |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers considered they got quality care and services when they needed them and from people who were knowledgeable, capable and caring. A representative confirmed staff responded promptly to call bells, this was also reflected in call bell documentation. Consumers and representatives said sufficient staff were rostered to meet consumers’ personal and clinical care needs; staff were trained and equipped for their roles and were kind and respectful when interacting with them.

The service had a clear system for ensuring staff were competent and capable in their roles; management described structured onboarding and induction for new staff with a buddy shift program, partnering new staff with experienced staff initially; monthly assessment ensured staff participated in ongoing mandatory competency training on areas including hand hygiene. Employee records demonstrated professional qualifications, registrations and contracts were recorded accurately and monitored.

Staff felt they were recruited, trained, equipped and supported to deliver safe and effective care. Ongoing development efforts included online and in-person modules such as incident reporting, elder abuse, hand hygiene and manual handling, staff said they received email reminders of scheduled training. Training records evidenced all scheduled staff had completed mandatory training.

Management described performance management systems included probation, annual appraisals and interim progress meetings for one on one development. Staff completed a self-assessment based on the services’ values, they then discussed their performance with their direct supervisor to reach agreement on progress; training needs and strategies for improvement were also identified.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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

Consumers and representatives said the service is well-run and described how they were involved in the delivery and evaluation of care and services through consumer meetings, food focus groups, surveys or directly through discussion with staff. Management described having an open-door policy, consumers or representatives could approach them any time to discuss concerns or provide feedback. The results of a recent consumer experience survey had been used to inform the continuous improvement plan.

Management described the involvement of the governing body in the promotion of a culture of safe, inclusive and quality care such as monthly reporting to the board on clinical indicators, SIRS incidents, financial budget reports, significant complaints, staff levels and staff training statistics.

The service had implemented effective governance systems relating to the improvement of management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Documented policies and procedures guided clinical practices and risk management, and staff demonstrated understanding of policies as the related to and the implementation of practice.

Documentation and staff feedback provided evidence of a risk management framework, this included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system. ‎‎‎Management described the high impact and high prevalence risks for consumers at the service including COVID-19, falls, pressure injuries, swallowing and complex behaviours. High risk meetings were held weekly to discuss the most prevalent risks to every consumer and the current strategies in place were.

A documented clinical governance framework was in place including policies for antimicrobial stewardship, the minimisation of restraint and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work such as waiting for pathology results before using antibiotics.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)