Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Helping Hand Aged Care - Golden Grove |
| Service address: | 209 The Golden Way Golden Grove SA 5125 |
| Commission ID: | 6172 |
| Approved provider: | Helping Hand Aged Care Inc |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 13 January 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 - Golden Grove (**the service**) has been prepared by M. Nassif 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 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| 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 and representatives said staff treated consumers with dignity and respect and made them feel valued. Staff were familiar with consumers’ backgrounds and preferences. Care planning documents evidenced consumers' culture, diversity, and identity were acknowledged, and personal preferences were recorded.

Consumers and representatives said the service recognised and respected their cultural background and provided care that was consistent with their cultural traditions and preferences. Staff identified consumers from a culturally and linguistically diverse background and showed how each consumer received the care in accordance with their care plan. Care planning documents identified consumers’ cultural needs and preferences.

Consumers said they were supported to make choices about their care, include others in their care decisions, and maintain relationships of choice. Care planning documents identified consumer’s individual choices around their care and how the service supports them in maintaining relationships. Staff described how the service supports consumers in making their own decisions regarding to their care and services including asking each consumer’s preference on their choice.

Staff were aware of the risks taken by consumers, and said they supported the consumer’s wishes to take risks to live the way they chose. Consumers and representatives described how the service supported them to understand and take risks. Care planning documents demonstrated risks were identified and assessed, discussed with consumers and strategies implemented.

Consumers described how they were provided with current and accurate information to support decision making, and how they were supported to understand the information. Staff described different ways they provided information to consumers, in line with their needs and preferences. Up to date information, such as the daily menu and lifestyle program schedule, were observed displayed around the service.

Consumers said their privacy was respected by staff. Staff described practical ways they respected the personal privacy of consumers such as by knocking before entering a consumer’s room and closing doors to deliver personal care. Staff were observed knocking and waiting for permission before entering consumer rooms. All nurse’s stations were observed to have lockable doors, and doors were always closed when the stations were unattended.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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)(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

Management explained how assessment and planning considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Staff described the care planning process in detail, and how it informed the delivery of care and services. Care planning documents demonstrated effective, comprehensive and individualised assessment and care planning processes to identify the needs, goals and preferences of the consumers and also considered and assessed risks.

Consumers and representatives confirmed they had discussed consumers end of life wishes with the service. Staff said they understood what was important to consumers through daily observations, regular conversation, interactions with consumers and representatives and care plan reviews. Care planning documents identified consumers’ current needs, goals and preferences, including end of life wishes.

Consumers and representatives said they felt involved in the planning of their care and services. Care planning documents showed consumers, and others they wished involved, were included in assessment and planning process. Staff and management described how they involved everyone important to the consumer in the consumer’s care and the processes for making referrals to medical officers and allied health professionals.

Consumers and representatives said the service kept them clearly informed about consumers’ current care assessments and care plans were effectively communicated and made available to consumers and representatives. Care planning documents showed staff updated representatives on care outcomes through telephone calls, in-person conversations and emails. Management and staff described how they effectively communicated outcomes of assessment and planning to consumers and their representatives and described the methods of communication the service utilised.

Care planning documents showed they were regular reviewed for continued effectiveness, when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer. This was consistent with feedback from consumers and representatives. The service had assessment and care planning policies and procedures which set out the review, reassessment and monitoring processes, including the responsibility of staff.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| 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 and representatives said their care was safe and right for them. Management and staff described how they identified, assessed, and managed risks to the safety, health and well-being of consumers. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. All consumers subject to restrictive practice have informed consent and a behaviour support plan. The service had best practice policies and procedures for key areas of clinical care and staff could access these procedures.

Management explained how the service effectively managed high-impact and high-prevalence risks through monitoring clinical data, analysing performance indicators and implementation of suitable risk mitigation strategies for individual consumers. Care planning documents evidenced high-impact and high-prevalence risks were identified and monitored and strategies and procedures were implemented to manage the risks.

Care planning documents included an advance care plan and evidenced discussions with representatives regarding palliative care. Consumers and representatives expressed satisfaction with how the service provided end of life care. Staff described how they approached conversations around end of life, how they provided palliative care and how they maximised the dignity and comfort of consumers towards the end of life.

Management and clinical staff described how the service recognised and responded to changes in a consumer’s health, function, capacity or condition, in a timely manner. Care planning documents showed deterioration, or changes in condition, were recognised and responded to efficiently. Consumers and representatives said the service recognised and responded to changes in condition in an appropriate and timely manner.

Current information about consumers’ condition, needs and preferences was documented and effectively communicated with those involved in the care of consumers. Care planning documents and shift handover documentation provided information to support effective and appropriate sharing of information.

Records showed the service referred consumers to other individuals and organisations providing care and services promptly. Consumers and representatives said referrals were timely and appropriate, and they had access to a range of health professionals. Management and clinical staff described how care at the service was supplemented by other providers of care and services.

The service had documented policies and procedures to minimise infection risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Consumers and representatives commended staff on their frequent use of personal protective equipment and hand hygiene. Staff were observed implementing infection prevention measures.

**Standard 4**

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| 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 and representatives confirmed they were supported to participate in activities they liked and to optimise their independence and quality of life. Lifestyle staff explained how they partnered with consumers and representatives to complete a lifestyle assessment and document consumers’ individual preferences, including leisure likes/dislikes and interests, social, emotional, cultural and spiritual needs and traditions. Staff described what was important to specific consumers and this aligned with their care planning documents.

Consumers described how the service promoted their emotional, spiritual and psychological well-being. Staff advised how consumers' emotional, spiritual, and psychological needs were supported in various ways including through lifestyle activities, religious services, and by using technology to connect with people important to them. Care planning documents identified the people, relationships, activities and spiritual supports important for consumers’ emotional needs.

Consumers and representatives indicated they were supported to participate in activities within and outside the service, maintain contact with the people who were important to them, and do things of interest to them. Staff described how they assisted consumers participate in the community and engage in activities of interest to them inside and outside the service. Care planning documents aligned with the information provided by consumers, representatives and staff.

Consumers and representatives said consumers’ preferences, needs, and condition were effectively communicated within the service, and with others who shared responsibility for their care. Staff described ways they shared information and were kept informed about the changing condition, needs and preferences of each consumer. Care planning documents provided adequate information to support safe and effective care related to daily living.

Consumers confirmed they were supported by external organisations, support services and other providers of care and services. Consumers, staff and care planning documents identified a variety of referrals to external providers of care and services. Staff described the external supports used to supplement the care and services provided to consumers.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of food provided. Care planning documents reflected dietary needs and preferences. The service had processes and systems in place to involve consumers in the development of the menu and gather feedback on the quality of the food provided. Staff described how they met individual consumer’s dietary needs and preferences in accordance with their care planning documents. Meal services were observed to include different options available for consumers.

Consumers and staff said they had access to safe and suitable equipment to assist them with their daily living activities. Staff described how equipment was maintained and cleaned.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| 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 said they found the service was welcoming, spacious and created a sense of belonging. Management described aspects of the service environment that made consumers and their visitors feel welcome and that optimised their independence, interaction and function. There were dementia enabling design features and sufficient lighting and handrails to support safe mobility.

The service was observed to safe, clean and well maintained and consumers moved around freely, indoors and outdoors. Consumers and representatives considered the service to be safe, clean and well-maintained and they could move around freely. The reactive maintenance log indicated that any work was completed in a timely manner. Cleaning and maintenance schedules were up to date and equipment provided to consumers appeared to safe, suitable, clean, and well maintained.

Furniture, fittings and equipment were observed to be safe, clean and well maintained. Staff described the processes for cleaning and maintaining equipment, furniture and fittings in the service. Consumers confirmed equipment, furniture and fittings were cleaned and maintained regularly. Records showed furniture and equipment were maintained.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| 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 felt comfortable to provide feedback or raise concerns with staff and management. Management and staff described the various processes in place to encourage and support feedback and complaints. The service's complaints management and resolution procedure illustrated the service's commitment to correctly handling feedback and complaints from consumers and representatives.

Whilst some consumers and representatives were not aware of the advocacy and interpreting services available, all consumers and representatives said they were happy to manage their complaints with the service directly. Management described the information available to consumers around advocacy, translation and external complaints services. Documentation and observations confirmed the service was actively promoting advocacy and language services and the information was easily accessible to consumers and representatives.

Consumers and representatives said the service responded appropriately to their complaints or concerns, or when an incident occurred. Staff and management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaints data showed appropriate action was taken and open disclosure was practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue, whilst keeping the consumer informed.

Consumers and representatives reported their feedback was used to improve care and services. Management detailed how feedback and complaints informed continuous improvement opportunities, and these were reflected in feedback and complaints documentation and the continuous improvement plan.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |
| 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

Whilst some consumers and representatives said during COVID-19 outbreak they felt like there were not enough staff, they did not raise any negative impacts to the quality of care. Management explained how the staff roster was calculated by head office based on occupancy and the needs of consumers and said there were clinical staff on site 24 hours 7 days a week. The call bell report showed most calls were answered within 15 minutes and management said they reviewed all call bell responses which exceeded 15 minutes.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff were observed to interact with consumers in a kind and respectful way. The service had a range of documented policies and procedures to guide staff practice, which outlined how care and services were to be delivered in a person-centred approach.

Consumers and representatives said staff performed their duties effectively, and they were confident staff were skilled to meet their care needs. Staff said they understood their job and were trained and supported by their team and management if they were unsure about anything. The service had position descriptions for each role which included key competencies, qualifications, registrations and checks.

Consumers and representatives said staff were competent and qualified to do their job and did not identify any areas where they felt staff needed more training. Management described how they ensured all staff received the training and support they needed to perform their roles in relation to the Quality Standards. Written materials and training reports confirmed staff were trained and supported to deliver the outcomes required by the Quality Standards.

Management explained performance reviews were conducted annually for all staff and after an initial probation period for new staff. Documentation showed appraisals were conducted annually on a staggered basis, depending on each staff member and they were up to date. The service's performance management procedure and investigation and disciplinary process guide set out the performance review and disciplinary processes.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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

Management detailed the established processes to support consumer and representative engagement in the development, delivery and evaluation of care and services. Consumers and representatives reported the service was well run and they were engaged by the service. Meeting minutes showed consumers and representatives were engaged by the service on an ongoing basis.

The organisation had policies and procedures that promoted a culture of safe, inclusive and quality care and services and the Board was accountable for their delivery. Management described an organisational structure and Board which had oversight of the delivery of quality care and services in accordance with the Quality Standards. Board meeting minutes and monthly clinical indicators showed regular monitoring of the service by the organisation’s governing body.

The service demonstrated effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described processes and mechanisms in place for each respective governance system and how staff were guided by the relevant documented policies, procedures and training.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff had access to related policies and training and gave examples of how they applied in their daily work.

The organisation’s clinical governance system ensured the delivery of safe and effective clinical care across areas including antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. The service had policies and procedures on these subjects which were readily available, understood and implemented by staff.

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