Performance

Report

**1800 951 822**

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| Name of service: | Helping Hand Aged Care - Lealholme Port Pirie |
| Service address: | 15 Halliday Street PORT PIRIE SA 5540 |
| Commission ID: | 6173 |
| Approved provider: | Helping Hand Aged Care Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 November 2022 |
| Performance report date: | 13 December 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 - Lealholme Port Pirie (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff and management;
* an email from the provider received 1 December 2022 indicating a response to the Assessment Team’s report would not be provided; and
* the Performance Report dated 26 April 2022 for an Assessment Contact – Site undertaken from 23 February 2022 to 24 February 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 3

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| 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 |

Findings

Each consumer receives safe and effective personal and clinical care that is tailored to their needs, optimises their health and well-being and is in line with best practice where evidence is available. Policies and procedures are available to guide staff in the delivery of best practice care and clinical staff described how diabetes management has been reviewed against best practice resulting in a change of practice. Care files reflected consumers’ assessment information and were personalised in relation to management of pain, skin integrity, diabetes, continence, nutrition, falls, changed behaviours and other clinical and care domains. Care files sampled for four consumers evidenced frequent entries by clinical and care staff and included reporting of incidents and changes to consumers’ health status with prompt clinical follow up. Staff described consumers’ preferences for personal care and how the service manages to meet these preferences each day. Consumers and representatives were satisfied with the clinical and personal care consumers receive.

For the reasons detailed above, I find Requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following an Assessment Contact undertaken from 23 February 2022 to 24 February 2022 where the organisation’s risk management systems and practices were found to not be effective in identifying abuse and neglect and managing and preventing incidents. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Engaged an independent contractor to review risk management system policies and procedures and appointed a Clinical nurse to provide day-to-day support and clinical guidance for Registered nurse shifts.
* Improved oversight of high risk and high prevalence incidents.
* Strengthened daily management meetings to focus on clinical uplift and leadership across the floor, ensuring all consumer incidents and clinical deterioration is monitored.
* Registered and Enrolled nurses are now required to attend daily management meetings to ensure highly responsive clinical interventions are triaged and treatments implemented immediately.
* Provided training to staff on open disclosure, elder abuse, dignity of risk, incident reporting and compliant management.

At the Assessment Contact undertaken on 15 November 2022, the Assessment Team found the service has effective risk management systems and processes to identify and assess risks to the health, safety and well-being of consumers, including managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can and managing and preventing incidents.

Management provided evidence of clinical governance, risk framework, policies, procedures and systems to report and minimise high impact or high prevalence clinical risks associated with consumer care, including reporting of clinical indicators, clinical audits and incidents. The incident management system is supported by policies, processes and training to guide staff in managing risk. All incidents are reported through the system which informs leadership of any trends or risks. The incident management system and incident register showed the service has effectively notified and reported incidents, including those under the Serious Incident Response Scheme, within the organisation and to relevant external agencies. Staff are provided risk-based training, as well as mandatory training sessions on subject areas, such as elder abuse, open disclosure and the Serious Incident Response Scheme. Clinical staff were knowledgeable of incident reporting and documenting processes.

For the reasons detailed above, I find Requirement (3)(d) in Standard 8 Organisational governance 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)