Performance

Report

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| Name: | Helping Hand Aged Care - Lealholme Port Pirie |
| Commission ID: | 6173 |
| Address: | 15 Halliday Street, PORT PIRIE, South Australia, 5540 |
| Activity type: | Site Audit |
| Activity date: | 19 September 2023 to 22 September 2023 |
| Performance report date: | 23 October 2023 |
| Service included in this assessment: | Provider: 182 Helping Hand Aged Care Inc  Service: 4189 Helping Hand Aged Care - Lealholme Port Pirie |

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 Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The provider did not submit a response to the Assessment Team’s report.

# 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 | |  |
| 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

This Quality Standard is assessed as Compliant, as 6 out of 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers are treated with dignity and respect, and staff know what is important. Staff described how they demonstrate respect, including getting to know consumers, consulting on decisions, and meeting preferences. Staff were observed speaking kindly with consumers, discussing topics of interest, and treating consumers with respect.

Consumers described how staff consulted on cultural needs and understood their personal history. Staff explained assessment processes allow them to identify, understand, and meet cultural needs. Staff complete mandatory training on cultural diversity, and are guided by policies on diversity, inclusion, and belonging.

Consumers, representatives, and staff identified supports for exercising choice and independence, and to maintain relationships of importance. Care planning documentation captured consumer choices and preferences, and key relationships, including supports for married couples to maintain their relationship. Consumers were observed spending time with other consumers and visitors in communal and private areas.

Consumers explained how they were supported to take risks to enable them to live their best lives. Staff were familiar with risk-taking behaviours of consumers and described supports and strategies used to minimise harm. Care planning documentation included Risky activity intervention action plans, identifying risks, strategies, and the signed by consumers and staff

Consumers and representatives were satisfied consumers receive sufficient and timely information to enable decisions, including through newsletters, displayed menus, and verbal updates from staff. Staff described how they meet differing communication needs of consumers, including those with language barriers or sensorineural or cognitive impairment. Information displayed throughout the service was observed to be easy to understand, including activities schedules, menus, meeting minutes, and newsletters.

Consumers said staff always respect and maintain their privacy, knocking on doors and waiting for response and ensuring cares are undertaken in private. Staff described actions taken to main consumer privacy and keep personal information confidential, including using ‘do not disturb’ signs, having conversations in private to ensure confidential information is not overheard, and not sharing updates unless the person is authorised to know. Staff said they ensured documentation is secured in locked areas, and the electronic care management system is logged off when not in use.

# 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)(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

This Quality Standard is assessed as Compliant, as 5 out of 5 Requirements have been assessed as Compliant.

Staff described assessment and planning processes, demonstrating how they consider consumer health and well-being to identify risks and inform care delivery strategies. The service employs a Clinical nurse to undertake admission assessments with the consumer and family members and develop care and services plans. Staff demonstrated awareness of strategies for management of consumer risks in line with care planning documentation.

Consumers and representatives said consumer needs, goals, and preferences are discussed regularly, and staff know what is important and what help is needed. Staff described how they approached discussions about end-of-life planning with consumers and representatives. Care planning documents recorded consumer needs, goals, and wishes in line with consumer feedback along with advance care directives and any identified end-of-life wishes.

Consumers and representatives described partnering in assessments and development of consumer care plans, demonstrating awareness of other providers and services involved. Clinical staff described engagement of relevant providers and organisations in assessment and planning, with care planning consultation held with all stakeholders, including consumers and representatives. Care planning documentation demonstrated assessment and planning involved consumers, representatives, clinical staff, Allied health, Medical officers, and specialist providers.

Consumers and representatives said they were aware of care and services plan contents and could access a copy if they wished. Staff said they coordinate meetings with consumers and representatives to discuss care planning, and although most decline, a copy of the care and services plan is offered. Care and services plans were available in the electronic care management system and included record of discussion with consumers and/or representatives.

Consumers and representatives were satisfied care and services are reviewed for effectiveness on a regular basis and following changes or incidents. Staff explained care plans are reviewed every 12 months or following change of needs, and pathways guide on required assessments following incidents. Care planning documentation demonstrated care and services plans were reviewed in line with the service’s policies and procedures.

# 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 |
| 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

This Quality Standard is assessed as Compliant, as 7 out of 7 Requirements have been assessed as Compliant.

Consumers and representatives described delivery of tailored care that was safe and effective. Staff said they were kept up to date with best performance practices through training and resources, including policies, procedures, and work instructions with pathways. Care planning documentation demonstrated provision of care aligned to best practice principles to meet consumer needs and engagement of specialists for advice where required.

Staff demonstrated understanding of consumer risks and associated management strategies and monitoring processes in line with care planning documentation. Management and staff were also able to identify high prevalence risks within the consumer cohort, guiding documentation, and oversight processes, including reviews of individual consumers within clinical high-risk meetings.

Clinical staff explained processes for managing end-of-life care, including involvement of specialist palliative care services, to ensure comfort needs are met and consumer dignity preserved. End-of-life pathways incorporated end-of-life care planning, informing monitoring and provision of care, with guidance through palliative care policies and procedures. Documentation for a consumer receiving end-of-life care demonstrated care needs and checks had been made in line with care planning documentation, with ongoing interventions to manage pain and comfort. The representative expressed appreciation and gratitude for ensuring the consumer’s last days were made as comfortable as possible.

Consumers and representatives were satisfied with responses to change in consumer’s health. Staff described how they recognised and responded to deterioration or change in consumer condition, including assessment and monitoring processes, and communication with families. Care planning documentation demonstrated actions taken when changed conditions were observed, including assessment, escalation for medical review, or referral to Allied health or other providers. The service’s policies provide guidance on detection of deterioration of consumer health to ensure increased needs are addressed, and hospitalisation is avoided where possible.

Consumers and representatives said staff were aware of consumer needs and preferences, and information is clearly communicated to Medical officers, Allied health workers, and family members as appropriate. Staff described how information is accessed and shared, including through care planning documentation and handover processes and receiving updates following visit from Medical officers, Allied health professionals, and specialist providers. Care planning documentation contained sufficient information regarding consumers’ condition, needs, and preferences to inform staff and providers involved in each consumer’s care.

Staff described referral processes for available providers and gave examples of where these have been engaged for consumers, with monitoring undertaken by clinical staff to ensure responsive action is undertaken. Care planning documentation demonstrated use of timely and appropriate referrals to external health providers to meet consumer needs, with referral made through the electronic referral system capturing referral and review dates.

Consumers and representatives described staff actions to prevent infection, including hand hygiene and use of personal protective equipment, and the service’s communication of requirements and restrictions due to COVID-19. Clinical staff described steps to reduce infection and use of antibiotics. A staff member is currently undertaking the Infection prevention and control lead course, with support from regional Infection control lead, who is responsible for monitoring of infection control practices, audits, training, and vaccination programs. The service’s Outbreak management plan and work instructions was recently reviewed and included work instructions and templates to guide staff.

# Standard 4

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| 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

This Quality Standard is assessed as Compliant, as 7 out of 7 Requirements have been assessed as Compliant.

Consumers and representatives described how the service meets consumer needs and preferences to optimise independence and quality of life. Staff described how they tailor services and supports to meet consumer interest and needs. Care planning documentation included consumer needs and preferences to identify supports. Consumers with differing capabilities and functions were observed participating in group activities within the service.

Consumers and representatives explained how consumers’ emotional, spiritual, and psychological needs are met, including staff understanding and providing additional support when needed. Staff described spending additional time with consumers who are feeling down, or who choose to spend extra time alone. Care planning documentation identified emotional and spiritual needs and preferences for each consumer, with scheduled lifestyle options including church services and pastoral care visits.

Consumers and representatives described supports maintain relationships, do things of interest, and participate in the community, including maintaining connections with local service organisations. Staff described supports for consumers, including connecting them with local services, arranging transport into town for shopping and banking to promote consumer independence, and coordinate activities within the service tailored to consumer interests. Care planning documentation included information on activities of interest and important relationships.

Consumers and representatives said staff were familiar with current needs and preferences. Staff described communication of changes, including with non-clinical and care staff, through regular meetings and documentation, including the 24-hour handover sheet and sharing of changes to dietary information with the kitchen through a communication book. Care planning documentation demonstrated information was regularly updated with changes to consumer condition, needs, and preferences.

Staff described identifying consumer needs for timely and appropriate referrals, including volunteers, pastoral care workers, and visiting services, such as the local library.

Consumers reported satisfaction with the quality and options of meals, adding if they don’t like something, they can have something else provided. Staff described consumer input into the menu, ensuring needs and preferences are met. The menu includes varied and diverse meals with choices available. Hotel services staff said as the Food focus meetings were not well attended, they seek verbal feedback from consumers after dining, and adapt the Dietitian reviewed menu to consumer preferences.

Care and lifestyle staff said equipment is readily available, and is kept clean and well-maintained, with processes for maintenance when not safe for use. Consumers were satisfied with the condition of provided equipment. Equipment for consumer use was observed to be clean, safe, and well-maintained.

# Standard 5

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| 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

This Quality Standard is assessed as Compliant, as 3 out of 3 Requirements have been assessed as Compliant.

Consumers said they felt at home, and could easily find their way around, with representatives identifying the service as welcoming, and explaining steps to ensure consumers had personalised their environment. Staff described actions to enhance consumer belonging and independence, personalising spaces, and using communal areas to socialise. The environment had clear signage directions and floor maps for wayfinding, consumers’ rooms were decorated with personal memorabilia, and internal and external communal areas were accessible for socialising

Consumers and representatives were satisfied the service was clean and well maintained, with consumers able to freely access indoor and outdoor areas. Staff described cleaning and maintenance processes, including monitoring of safety hazards, with documented schedules. Consumers were observed to be moving freely through well-maintained indoor and outdoor areas.

Consumers and representatives said furniture and equipment, including call-bells to access staff, is suitable and well maintained. Staff described assessment processes to ensure equipment is fit for consumer use, and shared equipment is cleaned between each consumer. Preventative and reactive maintenance processes ensured consumer safety, with records demonstrating tasks undertaken as scheduled. Inspection and servicing requirements for equipment were within date.

# Standard 6

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| 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

This Quality Standard is assessed as Compliant, as 4 out of 4 Requirements have been assessed as Compliant.

Consumers said they felt comfortable when raising concerns or making suggestions and were aware how to make complaints. Management advised feedback can be provided through written and verbal pathways and is welcomed and encouraged to ensure the service does the best they can. The service has introduced an electronic ‘Touch tell’ system, and has feedback forms, consumer meetings, or consumers can speak with staff or management. Consumer meeting minutes included encouragement of feedback and reminders of available mechanisms.

Consumers said they know about the roles and availability of advocates and translators, and information was available in Resident handbooks and on display in several languages. Staff were aware how to access language services if required, and lifestyle staff described annual visits from advocacy services to talk with consumers about available supports.

Consumers reported satisfaction with the service’s communication and response on complaints. Clinical staff and management described use of an open disclosure process to respond to complaints, with management ensuring all complaints are followed up with investigation and application of effective solutions. Policies and procedures guide staff in effective management of complaints, including being consistent and transparent when things go wrong.

Consumers were satisfied with the service’s response to complaints, finding solutions and improvements in response. Management gave examples of actions taken in response to feedback to improve care and services. The service’s Feedback policy provided processes and confirmed commitment to continuous improvement within responses to feedback and complaints.

# 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 |
| 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

This Quality Standard is assessed as Compliant, as 5 out of 5 Requirements have been assessed as Compliant.

Consumers reported sufficient staffing to provide quality care, ensuring they felt unhurried and safe during provision of cares. Management described workforce planning processes to ensure sufficient staff numbers and skills to meet consumer needs, including legislative requirements for nursing hours, evidenced through documentation including roster reviews. Staff said there were sufficient staff, and it was unusual for shifts to be unfilled with teamwork a key focus.

Consumers were satisfied interactions with staff were kind, caring, gentle, and respectful. Policies and documents, including staff training records, demonstrated emphasis on providing staff with knowledge and skills relating to dignity, choice, identity, culture, diversity, and customer service. Staff explained getting to know consumer individual and cultural preferences and taking time with consumers ensured interactions were appropriate and met organisation expectations.

Consumers and representatives said staff know what they are doing. Management and staff described how the organisation ensured staff competency against documented performance roles, including through recruitment and ongoing training and development, monitoring of qualifications and credentials, and competency assessment processes. Staff records demonstrated monitoring of qualifications and relevant checks required for roles, including police checks, vaccination status, and mandatory training.

Staff said adequate training is provided to perform assigned duties. Management advised the workforce is trained and equipped in line with organisational policies through online and face-to-face education sessions. Staff described content of the training program and how this aligns with the Quality Standards and legislative requirements, verified through training records.

Staff could explain the process and timeframe for performance appraisals. Management could describe formal and informal processes to undertake regular monitoring, assessment, and review of staff performance to ensure provision of best consumer care. If staff make mistakes, management meet to discuss, educate, and offer training and support. Whilst some annual performance appraisals were noted to be overdue, management described strategies in place to remedy, and the Continuous improvement plan included corresponding activities and deadline.

# Standard 8

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| 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

This Quality Standard is assessed as Compliant, as 5 out of 5 Requirements have been assessed as Compliant.

Consumer described the service as well run and were confident they could contribute to care and service improvements through feedback processes, including in consumer meetings. Management described mechanisms used to engage consumers, including through consumer meetings, feedback processes, and surveys. Meeting minutes included a fixed agenda item for questions, feedback including complaints, and suggestions.

Management explained the involvement of the Board in the delivery of care and services as outlined on the organisational chart and within clinical governance policies. Board oversight is informed by reporting and meetings, and management advised the Board works with each service to identify and mitigate risks. Meeting minutes of the Quality committee demonstrated how compliance with the Quality Standards is ensured, including, but not limited to, training and education, policy updates, and continuous improvement activities.

Appropriate organisation wide governance systems were in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. For example, regulatory compliance is ensured through monitoring processes for legislative and regulatory changes by the Board, with updates to policies and procedures or other changes communicated through emails, meetings, and training processes and meeting minutes include legislation as a fixed agenda item.

Staff and management could describe processes for identifying and managing high impact or high prevalence risks, through clinical data and use of the service’s incident management system. Reporting lines were in place to escalate risks through management and to the governing body to ensure appropriate management. Staff were aware of obligations to identify and respond to abuse and neglect, and the reporting of incidents, including through the Serious Incident Response Scheme, with training records demonstrating all staff have completed related training to comply with policies, procedures, and legislative requirements.

The service’s clinical governance framework included policies, procedures, practices, and mandatory training obligations to inform staff in the provision of clinical care. Staff demonstrated understanding of antimicrobial stewardship, use of restrictive practices, and application of open disclosure. Monitoring processes ensured compliance, for example, antimicrobial stewardship is monitored and reported through clinical indicator reports, staff meetings Medication advisory committee meetings, Quality committee meetings and Board meetings.

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)