Performance

Report

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| Name of service: | Helping Hand Aged Care - Lightsview Facility |
| Service address: | 1 East Parkway Lightsview SA 5085 |
| Commission ID: | 6304 |
| Approved provider: | Helping Hand Aged Care Inc |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 4 January 2023 |

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 - Lightsview Facility (**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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff and management; and
* the provider’s response to the Assessment Team’s report received 2 December 2022.

# 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

All consumers and representatives sampled considered that consumers are treated with dignity and respect, and their identity and diversity is valued. Care files, including lifestyle assessments and progress notes, were reflective of consumers’ backgrounds, and language used by staff was respectful. Staff were familiar with consumers’ backgrounds, needs and preferences and described how they tailor delivery of care to suit each consumer. Staff were observed treating consumers respectfully and in a dignified manner when providing care.

Consumers are engaged during assessment processes in relation to how they can be supported to maintain their culture, beliefs and traditions and care files identified consumers’ backgrounds and strategies to support them. Consumers felt valued and safe when receiving care and services, said their culture is respected, and they are supported to maintain their identity.

Consumers said the service supports them to make decisions which affect their health and well-being and when they communicate a change in their decision, staff act and respond. Representatives are involved in decisions about care and services when consumers are unable to communicate those decisions themselves. Where a consumer chooses to engage in an activity with an element of risk, consultation with consumers and/or representatives occurs and risk assessments are completed outlining risks and mitigating strategies are developed.

Information is provided to consumers through a range of avenues, including meeting forums, newsletters, activity planners and noticeboards. Consumers were happy with the information provided to them and indicated staff were very good at verbally communicating information. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s needs, preferences, goals and strategies to manage identified risks. Consumers said they have been involved in assessment and care planning processes and staff discuss potential and actual risks to their health during these discussions.

Consumer files confirmed assessments and planning processes identify and address consumers’ current needs, goals and preferences and are completed in consultation with the consumer and/or representative on entry and when changes occur. Palliative care assessments identify each consumer’s end of life preferences in line with their Advanced care directives and care plans sampled included detailed information relating to consumers’ end of life goals, needs and preferences. Review processes ensure information remains current and reflective of consumers’ current care and service needs.

Assessment and planning is completed in partnership with consumers and/or their nominated representatives and care files demonstrated involvement of Medical officers and Allied health professionals in consumers’ care. Representatives are contacted and informed of all care and service reviews and changes to consumers’ assessments and care plans, including six-monthly care plan reviews. Representatives confirmed they are regularly informed of all updates and changes to consumers’ health and care.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. Care plans sampled had been updated in response to incidents and changes in consumers’ health and condition. Care files included input from Medical officers and Allied health professionals and resulting recommendations had been incorporated into care plans. Staff confirmed they are informed of changes to consumers' care needs and services following a review, including through handover processes.

Based on the Assessment Team’s report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Consumers receive safe and effective personal and clinical care, that is best practice, is tailored to their needs, and optimises their health and well-being. All consumers and representatives said consumers receive the care and services they need and can see the Medical officer and other Allied health services when they need. Staff provided examples of how they provide care to consumers that is tailored and ensure services are delivered in a safe and effective manner. Policies and procedures are available to assist and guide staff to ensure best practice is achieved and care and services provided optimise consumers’ health and well-being.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management of risks relating to diabetes, nutrition, restrictive practices and changed behaviours. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled and described strategies to minimise risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Information is added to care plans once consumers are on comfort care measures, and a palliative care plan is completed once the Medical officer, consumer and/or representative agree the consumer is for comfort care. A dedicated Palliative lead nurse initiates discussions with consumers and/or representatives when a consumer is identified as being in the palliative phase and can link into external specialist services when required. An ‘in house’ Social worker is available to ensure consumers and representatives receive adequate emotional support at this time.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to Medical officers and/or Allied health professionals. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff. Staff demonstrated an understanding of their roles and responsibilities, including identifying and reporting signs of deterioration.

The service demonstrated appropriate application of standard and transmission based precautions used to minimise the risk and prevent transmission of infections to consumers, including in relation to COVID-19. Minimisation of infection related risks are managed by monitoring infections and ensuring infection control methods are consistently implemented, when required. Staff have a clear understanding of infection control and antimicrobial stewardship principles and are working with Medical officers to promote appropriate antibiotic prescribing and use. Policies and procedures are available to assist and guide staff practices, and mandatory infection control training has been provided to all staff.

Based on the Assessment Team’s report, I find all Requirements in Standard 3 Personal care and clinical care compliant.

# 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

All consumers sampled said they can choose what they want to do and are supported in their decision, even if that means they want to stay in their room, and staff regularly check on them and invite them to activities. Lifestyle assessments showed information about consumers’ background, life story and experiences, past and current interests, religious/cultural practices and additional services to support the consumer is collected and used to guide consumers’ service and support needs. Care files identified consumers’ emotional, spiritual and psychological well-being needs and preferences, including religious/cultural affiliations and support strategies through connections with family and friends to support their mental health. Activity records demonstrated consumers are provided with emotional and psychological support on a regular basis, or as required, primarily through one-to-one visits, volunteers or engagement in specialised activities.

Services and supports for daily living are provided which enable each consumer to participate both in the internal and external community, maintain and develop social and personal relationships and participate in activities that are important to them. Assessment processes assist to identify each consumer’s daily supports and activity preferences based on past and current interests. An activity schedule is maintained and changes weekly in order to offer consumers a variety and choice of activities and an activity register highlights activities consumers participate in each day either in group activities, outings or one-to-one time with staff.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated. Care staff described how they are kept up-to-date with consumers’ changing needs and preferences, including through handover processes, the electronic care system and meeting forums. Progress notes demonstrated consumer’s needs and preferences are communicated internally and externally, when required. Consumers said their condition, needs and preferences had been identified and were known by staff.

All consumers said they enjoyed the meals, have input into the menu and are supported to provide feedback for meal options. Care files reflected consumers’ specific dietary needs and/or preferences, including allergies, likes and dislikes. There are processes to ensure this information is provided to staff, including catering staff. Staff were observed assisting consumers with meals in a respectful manner and ensuring other consumers were directed and supported as needed.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Staff said they seek assistance from the Allied health team to ensure equipment is suitable for use, with assessments completed to ensure safe and appropriate use. Internal monitoring processes ensure equipment provided is maintained. Consumers are satisfied with the equipment available; it meets their needs, and they feel safe when using it.

Based on the Assessment Team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant.

# 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

The service environment is large and easy to navigate and consumer rooms were observed to be spacious and personalised. There are communal spaces for consumers to sit or conduct activities, including outdoor areas, and a centrally located café shop for consumers and their friends and family to meet. Consumers and representatives stated consumers felt safe in the service and that it has a home like environment.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers both indoors and outdoors. The service has wide corridors with hand railings, was free of obstructions and hazards and was well lit and comfortable. Cleaning is undertaken in line with a cleaning roster and staff were observed cleaning communal areas and egresses throughout the Site Audit.

Furniture, fittings and equipment were observed to be safe, clean and suitable for the consumer. Staff described how they ensure the service environment and equipment is safe, cleaned and maintained. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues.

Based on the Assessment Team’s report, I find all Requirements in Standard 5 Organisation’s service environment compliant.

# 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

Consumers and others are encouraged and supported to provide feedback and make complaints through a range of avenues, including meeting forums, care and service review processes, feedback forms and questionnaires. Staff described ways in which they support consumers to provide feedback and were aware of the organisation's complaints handling processes. Most consumers were aware of how to provide written complaints and feedback, however, indicated they generally provide feedback verbally as they are listened to, and action is usually taken quickly.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing. Feedback forms, external complaints, interpreter services and advocacy information were observed on display and confidential feedback boxes were available. Complaint and feedback forms have been translated to cater for other languages, relevant to the consumer cohort. Representatives sampled were aware of external agencies who could assist them in raising concerns.

The service has a framework outlining the process the organisation takes to acknowledge, assess, investigate, respond, follow up and learn from complaints received. Outcomes of investigations are conveyed to complainants and an open disclosure process is applied. Management and staff described the complaints management process to gather, address and review feedback. However, the Assessment Team noted while some consumer progress notes demonstrated where things had been identified as going wrong, actions were taken to rectify the issue/s and open disclosure was applied, evidence of open disclosure was not produced, and actions taken could not be elaborated on. I acknowledge the additional information included in the provider’s response which provides further clarity relating to one named consumer. I have also considered feedback from all sampled consumers and representatives indicating appropriate action is taken to address feedback and complaints and the service is transparent when things go wrong, or mistakes are made.

The service demonstrated how feedback and complaints are reviewed and used to identify and drive continuous improvement. Feedback is captured, monitored, analysed, trended and reviewed to identify improvement opportunities. All consumers and representatives were satisfied with the way the service manages and responds to complaints and feedback to improve the quality of care and services.

Based on the Assessment Team’s report, I find all Requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| 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

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Occupancy rates, consumer acuity, call bell data and clinical incident data are considered to ensure sufficiency of staff and skill mix. There are processes to manage planned and unplanned leave. Staff confirmed they have sufficient time to undertake their duties and all consumers indicated they had not had issues with delays in staff attending to their needs and felt confident staff are adequately skilled to perform their rolls effectively.

Staff interactions with consumers were observed to be kind, caring and respectful. All consumers expressed satisfaction with regular staff, indicating they are kind, caring and respectful towards them, however, three consumers indicated Agency staff are not as good as they do not know consumers the way regular staff do. Induction processes and materials, provided to new staff include organisational values relating to kind, caring and respectful interactions and dealings with persons under their care; staff sampled were knowledgeable of these expectations.

There are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Recruitment processes ensure prospective employees are suitable for the roles they apply for and are competent once performing their role. All consumers were satisfied staff have sufficient skills and knowledge to perform their roles and provide care and services in line with their needs and preferences.

The service, in conjunction with the head office, has procedures to guide management in selecting potential candidates for employment. Onboarding processes involve completing mandatory training, including training specific to job roles, and training is provided on an ongoing basis. Training records sampled included a training matrix divided into job roles and demonstrated mandatory training requirements were up-to-date. Clinical staff are required to complete additional training modules, delivered by a dedicated Clinical educator. Staff provided examples of training completed and consumers and representatives indicated they were satisfied with the level of training provided to staff.

The service has a staff performance framework which ensures staff performance, including poor performance, is regularly assessed, monitored and reviewed. A performance appraisal and development process is in place for existing and newly employed staff and staff said they were supported in the performance appraisal process.

Based on the Assessment Team’s report, I find all Requirements in Standard 7 Human resources compliant.

# 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

Consumers are engaged in the development, delivery and evaluation of care and services through meeting forums, feedback processes, questionaries and care and service review processes. The service monitors and reviews how it is engaging consumers and representatives through site, executive and Board level meetings and consumers are regularly engaged, not only at a service level, but also by the organisation's executive.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body comprises of a Board of directors which is supported by various senior leadership positions and sub-committees that monitor and evaluate care and services. A range of reporting mechanisms ensure the governing body is aware and accountable for the delivery of services, which was evidenced through meeting minutes/reports and reflective of the service’s operations and continuous improvement initiatives.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all Requirements in Standard 8 Organisational governance compliant.

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-1)