Performance

Report

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| Name: | Helping Hand Aged Care - Parafield Gardens |
| Commission ID: | 6970 |
| Address: | 437 Salisbury Highway, PARAFIELD GARDENS, South Australia, 5107 |
| Activity type: | Site Audit |
| Activity date: | 12 September 2023 to 15 September 2023 |
| Performance report date: | 1 November 2023 |
| Service included in this assessment: | Provider: 182 Helping Hand Aged Care Inc  Service: 4378 Helping Hand Aged Care - Parafield Gardens |

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 - Parafield Gardens (**the service**) has been prepared by P.Golledge, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives advised they were treated with dignity and respect, and staff knew their individual needs and preferences. The Assessment Team consistently observed staff treating consumers with dignity and respect. Staff described how they ensured they treated consumers with respect, and demonstrated an understanding of consumers’ preferences.

Consumers said the service recognised and respected their cultural background and provided care consistent with their cultural traditions and preferences. Staff knew consumers’ cultural backgrounds and how to provide care consistent with their care plans.

Staff described how they ensured consumers were supported to make choices, and maintain relationships and connections. Consumers and representatives were satisfied that consumers were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships.

Consumers said the service supported them to take risks and live the life they chose. Staff were aware of the risks consumers chose to take, and they supported consumers to live the way they wanted. The service had policies to support consumers to live the best life they could.

Consumers and representatives advised they were provided with information to assist them in making choices regarding their care and services. The Assessment Team observed information regarding menu options and the service’s activities and events calendar on display throughout

the service. Staff described several ways information was delivered to consumers regarding their care and services which enabled them to exercise choice.

Consumers and representatives say privacy is respected and maintained. Staff ensure consumers’ privacy is maintained when attending to activities of daily living. Personal information is stored in an electronic care management system (ECMS) with password protection.

# 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

Consumers and representatives confirmed they were involved in the assessment and care planning process, and the care delivered met the consumer’s needs. Care planning documentation evidenced the assessment and planning process considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services. Staff demonstrated an understanding of the assessment and planning process, which they indicated identified risks to the consumer’s safety, health and well-being.

Consumers said the service supports and provides opportunities to discuss care needs, goals and preferences, including advance care planning where appropriate. Consumer care plans demonstrate proactive, consumer-centred care and there are governing systems to support this. Staff demonstrated understanding of the care plan process to ensure that assessment and planning address the consumer’s current needs.

Management and staff advised assessment and planning occurred in partnership with consumers, their representatives and whoever else they wished to be involved in their care planning. Consumers and representatives confirmed they were involved in the assessment and planning process on an ongoing basis. Care planning documentation demonstrated the assessment and planning of care was completed in consultation with consumers, representatives and other providers of care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request. Care planning documentation demonstrated the outcomes of assessment and planning were communicated with consumers and representatives. Staff indicated they utilised the consumer’s care plans and handovers to access and communicate outcomes of assessment and planning.

Care documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Staff were aware of their responsibilities in relation to the incident reporting and management process, which may prompt a re-assessment of the consumer’s care and services.

# 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 and representatives expressed consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff advised they were provided with support, resources and training to ensure they were kept up to date with best practice care. Management demonstrated a shared understanding of best practice care and legislative requirements.

Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Staff demonstrated an understanding of the high impact or high prevalence risks related to consumers' care, and the strategies in place to manage these risks. Care planning documentation noted high impact or high prevalence risks were identified and effectively managed by the service.

Consumers and representatives confirmed they had discussed their end of life (EOL) preferences with management and staff. Care documents identified consumers' EOL needs, goals and preferences. Management and staff demonstrated an understanding of the processes to support EOL care for consumers, including the involvement of family members and other health professionals.

Consumers said the staff recognise change in their condition, listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration. Care plans demonstrated that deterioration is recognised and responded to in a timely manner.

Consumers expressed their care needs and preferences were effectively communicated between staff and they received the care they needed. Care documents provided adequate information to support the effective and safe sharing of the consumer’s information to support care. Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s ECMS and communicated via the shift handover process.

Care documents demonstrated timely referrals to medical officers, allied health specialists and other providers of care and services. Management and staff described the referral process, including examples of specialist providers consumers had been referred to. Consumers and representatives were satisfied that consumers received the care they required, inclusive of referrals to allied health specialists.

Staff confirmed they had received mandatory training in the management of antimicrobials and infection minimisation strategies, including hand hygiene and the appropriate use of personal protective equipment. Consumers and representatives expressed satisfaction with the infection control practices at the service. A review of staff vaccination records by the Assessment Team evidenced staff were up to date with their COVID-19 and influenza vaccinations.

# 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

Consumers said they are satisfied the service supports them to do the things they want to do and were able to explain how services and supports for daily living have improved their independence, health, wellbeing, and quality of life. Care documents identified information regarding the consumer’s needs, goals and preferences. Lifestyle staff described how they partnered with consumers to conduct a lifestyle assessment upon entry to the service, which captured the consumer’s needs and preferences.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Care documents identified information regarding the emotional, spiritual and psychological needs and preferences of consumers. Staff described how they supported consumers’ emotional, spiritual and psychological well-being by tailoring supports to the consumer’s needs and preferences.

The Assessment Team observed consumers participating in various activities and enjoying the company of other consumers throughout the duration of the site audit. Consumers and representatives indicated the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal

relationships and do things of interest to them. Staff described how they supported consumers to keep in touch with people of importance to them and to engage in their preferred activities.

Staff described the ways in which information was shared, and the ways they were kept informed of the changing health conditions, needs and preferences of each consumer. Consumers considered their care needs were effectively communicated between organisations where responsibility for care was shared. Care planning documentation evidenced consumers’ care needs and preferences were documented.

Consumers and representatives confirmed they received supports and services from external providers, including volunteer groups and government support services. Staff described how the service worked with external providers of care and services to meet the various needs of consumers. Care planning documentation identified the involvement of other organisations and providers of care and services to support the diverse needs of consumers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation identified consumers' dietary requirements, preferences, and allergies. Staff were knowledgeable about individual consumers’ preferences and dietary requirements.

Equipment was available to support service delivery and consumers reported they feel safe when using equipment and know who to report any concerns to. The service has arrangements for purchasing, servicing and maintaining, renewing and replacing equipment.

# 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

Consumers said they felt at home within the service, and the service environment and staff were welcoming. The Assessment Team observed the service environment to be welcoming, and optimised the consumer’s sense of belonging, independence, interaction and function. Staff advised the service had a warm and welcoming environment, and the service often received visits from the family members of consumers.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Staff described the process in place to report a hazard or safety issue through the service’s maintenance request forms. The Assessment Team observed the service environment to be clean, and reviewed cleaning logs which demonstrated tasks were regularly completed.

Staff could describe the processes for cleaning of shared equipment and how they ensured equipment was appropriate for consumer use. Consumers reported they felt safe when using the service’s equipment and indicated that any issues with equipment and furniture were promptly resolved. The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use.

# 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 representatives stated they felt comfortable and understood the different ways they could provide feedback or make complaints. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints. The Assessment Team observed feedback forms and boxes on display and accessible throughout the service.

Consumers and representatives advised they were aware that consumers could access advocacy support and have a representative raise feedback on their behalf. The Assessment Team observed information regarding advocacy and language services displayed throughout the service. Staff demonstrated an understanding of internal and external feedback and complaints mechanisms, and were aware of the advocacy and translation supports available for consumers.

Consumers and representatives indicated the service took appropriate action in response to complaints, and staff utilised an open disclosure process when dealing with complaints. Management and staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process. The Assessment Team advised the service had procedures in place to guide staff practice in relation to complaints management and open disclosure practices.

Management described how the service utilised complaints to improve the care and services provided to consumers, and outlined examples of changes that had been made as a result of the provision of feedback. Consumers and representatives confirmed management was responsive to their complaints and feedback, and changes are made in response to the issues they raise. A review of the service’s feedback and complaints register evidenced the service utilised consumer and representative feedback to improve the quality of care and services.

# 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

Consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. A review of the service’s staffing roster by the Assessment Team demonstrated the service ensured there were enough staff to provide continuous safe and quality care. Staff confirmed there was overall enough staff to provide safe and quality care to consumers.

The Assessment Team observed respectful interactions between staff and consumers throughout the duration of the site audit. Consumers and representatives advised that staff treated them with respect and kindness. Staff described how they ensured they treated consumers with kindness, and respected their identity, culture and diversity.

Consumers and representatives expressed staff were capable and knowledgeable to effectively perform their roles. Management advised they determine the competence and capability of staff through the service’s recruitment process and ongoing monitoring of performance. A review of staff records by the Assessment Team evidenced staff were appropriately qualified to perform their roles, and the services recruitment processes ensure regulatory requirements are in place in relation to the workforce’s required qualifications and registrations.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff described the training they had received on a wide variety of topics and said they could access additional training if required. Management said their ongoing training program included training on infection control, open disclosure, incident management and manual handling.

Staff confirmed they received annual performance appraisals, which were conducted with their direct manager or the residential services manager. Management advised an electronic system was used to monitor and manage staff performance appraisals, and staff were notified via email when they were due to complete their self-appraisal.

# 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 confirmed they were able to engage in the development, delivery and evaluation of care and services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services, including through consumer surveys and providing feedback. The Assessment Team reviewed meeting minutes for consumer meetings and confirmed consumers were supported to provide feedback.

Management confirmed the executive team and the governing body was involved in the delivery of care and services and were informed of incidents and risks via meetings and reporting processes. Consumers advised they felt safe within the service, and received the care they needed.

The service has effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Staff indicated information was communicated via emails, newsletters, memos, noticeboards and meetings. Management confirmed opportunities for continuous improvement were identified from a range of sources including incident data, complaints and feedback, and surveys.

Staff were aware of their roles in the risk management and incident reporting process, and knew how to appropriately escalate complaints. A review of staff training records evidenced staff received training on incident management, open disclosure and restrictive practices. Management gave examples of high impact and high prevalence risks associated with the care of consumers, and the actions taken to minimise potential risks.

The Assessment Team noted the service had documented policies and procedures to guide staff practice which addressed antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Management and staff demonstrated a shared understanding of these policies and the application of these policies in a practical setting. Staff described the processes in place to minimise infections, including encouraging consumers to drink fluids and ensuring proper hygiene care was provided.

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)