Helping Hand Aged Care Ingle Farm Facility

Performance Report

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**Commission ID:** 6000

**Provider name:** Helping Hand Aged Care Inc

**Site Audit date:** 4 May 2022 to 6 May 2022

**Date of Performance Report:** 24 June 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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 others;
* the provider’s response to the Site Audit report received 30 May 2022; and
* the Performance report dated 21 April 2022 for the Assessment Contact – Site undertaken on 16 March 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are respectful of their background, ethnicity, culture and what is important to them;
* staff are kind, caring, respectful and understand their needs.;
* they are supported to make connections with others and maintain relationships of choice; and
* they are supported to take risks and do not feel restricted in their movements or choice of activity.

Staff were observed to deliver personal care and other services in a way that respected and preserved the privacy and dignity of consumers. Staff conversations and interactions with consumers were also observed to be respectful and positive.

Staff reported they have received training in consumer choice, dignity and privacy and were knowledgeable about consumers’ identity, cultural and diversity needs, and preferences.

Care planning documentation reflected sampled consumers’ decisions and choices about their care, and contained information relevant to the consumer’s diversity, such as their emotional and spiritual care needs, personal relationships and social history.

Staff are provided with training and resources outlining what it means to treat consumers with dignity and respect, to provide care in a culturally safe way, support consumers to drive decision making and to support consumers to take risks to live the life they choose.

Observations made by the Assessment Team demonstrated consumers’ privacy is respected and personal information is kept confidential.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care Ingle Farm Facility, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

**Requirement 1(3)(b) Compliant**

*Care and services are culturally safe.*

**Requirement 1(3)(c) Compliant**

*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.*

**Requirement 1(3)(d) Compliant**

*Each consumer is supported to take risks to enable them to live the best life they can.*

**Requirement 1(3)(e) Compliant**

*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.*

**Requirement 1(3)(f) Compliant**

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled confirmed that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they have been involved in, or informed of, assessment and planning and the care plan review process;
* consumers’ needs, goals and preferences have been recognised and influence the delivery of care;
* they are involved in the care planning process or are contacted by the clinical staff or management if there are any changes with consumers’ circumstances; and
* the service has discussed consumers’ care plans with them at care plan reviews and are satisfied staff inform them of any changes to consumers’ care or services, such as following incidents or medication changes.

Care files sampled included a range of assessments relating to both clinical and lifestyle aspects of care which are completed on entry, every six months and where changes to consumers’ health and well-being are identified. Information gathered from assessment processes and consultation with consumers and/or representatives is used to develop individualised care plans which are readily available to staff.

Care plans include individualised management strategies which focus on optimising health and well-being in line with consumers’ needs, goals and preferences and demonstrated consumers and/or representatives are consulted in relation to outcomes of assessments and changes to care plans.

Staff described how assessment and care planning process identify and address consumers' goals, needs and preferences and appropriately skilled and trained staff complete assessments and care reviews.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care Ingle Farm Facility, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

*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.*

**Requirement 2(3)(b) Compliant**

*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.*

**Requirement 2(3)(c) Compliant**

*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.*

**Requirement 2(3)(d) Compliant**

*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.*

**Requirement 2(3)(e) Compliant**

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(a) not met. The Assessment Team were not satisfied the service demonstrated consumers receive safe and effective care and services, specifically in relation to wounds, diabetes, psychotropic medications and pain.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view from the Assessment Team and find the service Compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

All consumers and representatives sampled indicated staff always meet consumers’ healthcare needs. Consumers reported feeling safe and confident that they are receiving quality care. Consumers gave various examples of how staff ensure care provided is right for them. This included regularly asking them about their care and the way it is delivered.

Staff described how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they implement to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents are used to inform changes in practice.

Care and service plans sampled outlined the delivery of safe and effective care. This included review of care of consumers who had been palliated, with care reflecting attention to the needs and preferences of these consumers at the end of their life.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of personal and clinical care.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care Ingle Farm Facility, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Compliant**

*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.*

This Requirement was found Non-compliant following an Assessment Contact undertaken on 16 March 2022. The service implemented a range of improvements in response to the non-compliance and demonstrated planned actions have either been implemented or are scheduled to be completed in the near future. This includes training to staff in relation to wounds, restrictive practices and diabetes management.

However, at the Site Audit, the Assessment Team were not satisfied the service demonstrated consumers receive safe and effective care and services, specifically in relation to wounds, diabetes, psychotropic medications and pain. The Assessment Team’s report provided the following evidence relevant to my finding:

* Clinical care for five consumers was not safe and effective as staff did not consistently follow policies and procedures, and care plans did not provide sufficient detail to ensure safe and effective care delivery. All consumers and representatives sampled in relation to personal and clinical care expressed satisfaction with the care consumers receive.
* Consumer A’s wound was not correctly classified, was not photographed when first identified and was not accurately measured on one occasion.
* Consumer B’s care planning documentation did not provide sufficient guidance to manage diabetes when blood glucose levels were out of the consumer’s acceptable range. The diabetes management plan directives were not followed; the Medical officer had not been informed when, on one occasion, Consumer B’s blood glucose levels were out of range and when an additional dose of medication was administered in line with as per the consumer’s medication order.
  + Staff were unable to describe what actions, if any, were taken when on several separate occasions Consumer B’s blood glucose levels were higher than a reportable range but lower than a threshold for supplemental medication administration.
* Consumer C’s care planning documentation did not provide sufficient guidance to manage diabetes when their blood glucose levels were within a specific range. On one occasion, Consumer C’s blood glucose levels were slightly above an acceptable parameter, however, no actions were taken in response to the elevated blood glucose level reading.
* Consumer D’s care planning documentation did not provide sufficient guidance for the use of two different medications for management of behavioural and psychological symptoms of dementia that is administered on an as required basis. Within three months, the consumer had been administered medication to manage the consumer’s distress three times. However, there were no clear directions for staff provided in relation to which one of the two medications staff should administer.
* Consumer E’s pain was not assessed with a correct pain assessment tool for approximately seven days following entry.

The provider submitted a response to the Assessment Team’s report and disputes the Assessment Team’s recommendation. The provider submitted the following information and evidence to demonstrate the service’s compliance with this Requirement:

* In relation to Consumer A’s incorrect staging of the wound, this was a documentation error which did not adversely affect the consumer as wound care was effective resulting in complete healing of the wound within 12 days since identification. The incident report included in the provider’s response shows different classification of the wound to the one documented on the wound chart. The provider asserts that the incident report records correct wound classification and provided wound photographs and best practice resources related to the matter. The incident report also describes interventions to aid the wound healing based on the correct classification of the wound.
  + Wound photographs showing measuring of the wound occurred in line with the organisation’s policies and procedures and does not indicate incorrect measuring occurred on the one occasion identified in the Assessment Team’s report.
* In relation to Consumer B, the provider disagrees that the care plan did not provide sufficient guidance to staff. The provider expressed in their view the Assessment Team has misinterpreted the requirements for having a “target range for elderly people” and the Medical officer’s reportable range.
  + The provider asserts there have been no consistent trends or patterns outside of Consumer B’s target range that warranted reporting to the Medical officer in line with Consumer B’s care plan and provided documented evidence of this advice.
  + Progress notes showing Consumer B’s diabetes management has been reviewed by the Medical officer on at least two occasions over the last two years and the Medical officer did not express any concerns regarding elevated blood glucose levels readings. Progress notes record Consumer B’s diabetes management plan was reviewed by the Medical officer on the second day of the Site Audit and adjustments made, including when they are required to be contacted.
* In relation to Consumer C, blood glucose charting showing no blood glucose readings were outside of set parameters.
* Consumer D’s medication profile with instructions recorded in the corresponding section to guide staff on when to use medication. On all three occasions when chemical restraint was used progress notes show staff followed relevant legislation when documenting behaviours exhibited by the consumer, non-pharmacological actions taken by staff prior the chemical restraint and effectiveness of the intervention.
* The provider expressed their commitment to work with Medical officers on how to improve clarity of information recorded on the medication profile to ensure staff use the most appropriate medication for the identified behaviour of concern.
* In relation to staff utilising incorrect pain assessment tool for Consumer E, the provider asserts this was a human error and has had no negative impact for the consumer.

Based on the Assessment Team’s report and the provider’s response, I find the service Compliant with this Requirement.

In coming to my finding, I have considered that the evidence presented in this Requirement does not indicate systemic issues associated with management of pain, wounds and restrictive practices. The evidence does not indicate clinical care for the five consumers highlighted was not best practice, tailored to their needs or that the consumers were impacted as a result of ineffective clinical care.

In relation to Consumer A, I have considered that while the Assessment Team’s report indicates improvements in relation to accurate staging of the wound and recording of this on the wound chart, there is no evidence in the Assessment Team’s report demonstrating this is a systemic issue or that this adversely impacted the wound healing process. The evidence shows the wound healed within a reasonable timeframe, less than two weeks, which is, according to the best practice principles included in the provider’s response, an anticipated period of time for this kind of wound if appropriately managed.

In relation to consumer B, I considered the consumer had an individualised diabetes management plan outlining steps to be taken when the consumer’ blood glucose levels were higher or lower of certain parameters set up by the Medical officer with consideration of the consumer’s dietary preferences. Whilst there were instances when Consumer B’s blood glucose levels were outside of the set parameters, there was no documented evidence of out of range blood glucose patterns requiring reporting to the Medical officer or that the consumer was symptomatic and did not respond to treatment of high blood glucose levels in the specified period mentioned in the Assessment Team’s report. I have also considered that Consumer B expressed satisfaction with how their diabetes is managed stating staff check their blood glucose levels several times a day. The consumer also reported they do not follow specific diabetic diet as is their choice and preferences.

In relation to Consumer C, I considered the provider’s response demonstrates there were no blood glucose levels outside of set parameters.

In relation to Consumer D, documented evidence in the provider’s response demonstrates that prior to administration of chemical restraint on all three occasions, best practice principles were applied. That is non-pharmacological interventions were trialled prior to administration of medication. Documentation shows medication was administered in line with Medical officer directives for its use as documented on the medication order. I also considered there was no documented evidence of adverse impact on the consumer’s health and well-being caused by the administration of medication on all three occasions or that it was not effective. In addition, I considered Consumer D’s representative expressed satisfaction with medication management and that the provider expressed their commitment to work with Medical officers on how to improve clarity of information recorded on the medication profile to ensure staff use the most appropriate medication for the identified behaviour of concern.

In relation to Consumer E, I have considered that while the Assessment Team’s report indicates improvements in relation to best practice pain assessment using appropriate assessment tools, there is no documented evidence demonstrating ineffective pain management or that Consumer E was in pain. The consumer’s feedback in relation to pain management was not reflected in the Assessment Team’s findings.

I also considered that all consumers and representatives sampled expressed their satisfaction with personal and clinical care provided to consumers and that the Assessment Team’s report does not include evidence of any areas across all Quality Standards where improvements are required to be made to ensure each consumer receives high quality and safe personal and/or clinical care.

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

**Requirement 3(3)(b) Compliant**

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

**Requirement 3(3)(c) Compliant**

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

**Requirement 3(3)(d) Compliant**

*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.*

**Requirement 3(3)(e) Compliant**

*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.*

**Requirement 3(3)(f) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 3(3)(g) Compliant**

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* provided positive feedback about the range of activities on offer and felt they could suggest new activities if they wished;
* their condition, needs and preferences had been identified and were known by staff. This included dietary requirements, mobility aids, religious affiliations, emotional needs, and consumer preferences, such as dining in their room and activities they choose to participate in;
* provided examples of how the service supports them to do the things of interest to them. For example, one consumer described how the service supported them to take care of a dedicated gardening area at the service and to play piano; and
* provided positive feedback about the food, stating the service provides meals that are varied and of suitable quality and quantity and reflect their cultural culinary tastes.

Activity and pastoral care staff stated they take a person-centred approach and would arrange for consumers to do things of interest to them that are not on the activity schedule or organise for activities outside the service environment if requested. They also said if consumers wish to attend activities outside the service staff will support them to accommodate this, such as outings with friends and family.

Care plans sampled identified that assessment and planning consider the consumer’s emotional, spiritual and psychological well-being. For example, care plans showed specific strategies put in place for consumers identified at risk of isolation, such as care packages, pastoral visits, church newsletters delivered and lifestyle one-on-one support.

Meals service areas ambience was observed to be overall positive with consumers seated together, engaged in discussions amongst themselves and staff. Observations of the lunch meal service demonstrated meals were nicely presented and in sufficient quantities, with serving staff advising food can be delivered to consumers who did not wish to dine in the dining room. Differing meal options were available for consumers’ choice, with off menu options available. Hospitality staff confirmed that feedback on the food is sought regularly from consumers and influences the menu.

The Assessment Team observed equipment used to provide or support lifestyle services was safe and well maintained.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care Ingle Farm Facility, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

*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.*

**Requirement 4(3)(b) Compliant**

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

**Requirement 4(3)(c) Compliant**

*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.*

**Requirement 4(3)(d) Compliant**

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

**Requirement 4(3)(e) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 4(3)(f) Compliant**

*Where meals are provided, they are varied and of suitable quality and quantity.*

**Requirement 4(3)(g) Compliant**

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they feel safe living in the service, their family and visitors are made to feel welcome, and they have personalised their rooms to make it more homelike;
* confirmed the environment is safe, clean and well maintained;
* one consumer stated they enjoy sitting in the main cafe area as they get to have coffee and see the comings and goings of the day. They said they like that there is music playing in the main foyer as it makes them feel happy; and
* they can easily move around the service with their walkers or wheelchairs as there are no obstructions in the corridors.

The service’s outdoor areas were observed to reflect dementia enabling principles of design with touch boards, wind chimes and sensory gardens in place. Communal and corridor areas were clean with plenty of space for consumers to move around and private areas included comfortable lounges, bookshelves and large windows to allow for natural light. Doors leading out to the external courtyard and garden areas were able to be open by a large push button and sensor beams on the outside so consumers could move freely inside again.

The service has an onsite café, library, chapel, computer hubs and well-maintained internal courtyard garden areas which includes a barbeque area for consumers, families and visitors to gather. There are monitoring systems and processes in place for preventative and reactive maintenance work.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care Ingle Farm Facility, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

**Requirement 5(3)(b) Compliant**

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

**Requirement 5(3)(c) Compliant**

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are satisfied with the actions from management in response to complaints raised; and
* management consider their feedback and have implemented some changes to the seasonal menu as a result of feedback and/or complaints.

The organisation demonstrated consumers know how to give feedback and make complaints and feel safe and comfortable doing so. Further, they demonstrated that consumers have access to advocates, language services and other methods for raising and resolving complaints.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff described what they are required to do when feedback or complaints are made. Records of workforce orientation and training includes information about open disclosure processes.

Feedback and complaints are reviewed and used to improve the quality of care. The organisation demonstrated how feedback and complaints were used to improve the quality of care and services for individuals or across the organisation and provided examples of improvements implemented.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care Ingle Farm Facility, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

**Requirement 6(3)(b) Compliant**

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

**Requirement 6(3)(c) Compliant**

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

**Requirement 6(3)(d) Compliant**

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* there are adequate numbers of staff to meet their needs and assist them promptly, and call bells are answered when they require assistance; and
* staff attend to their care and services needs and know what they are doing.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this meant to them, including in relation to specific care and relationship needs. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

The organisation demonstrated the number and mix of staff is planned to enable safe and quality care and services and the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers.

Documentation sampled demonstrated staff are allocated training based on their roles and management monitor staff completion rates for mandatory training to ensure all staff complete their allocated training.

The service has an onboarding process to ensure new clinical, care and services staff are supported, supervised and competent to complete their role.

The organisation has a staff performance framework in place which includes policies and procedures in relation to staff counselling and disciplinary processes.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care Ingle Farm Facility, to be Compliant with all Requirements in Standard 7 Human resources.

**Assessment of Standard 7 Requirements*.***

**Requirement 7(3)(a) Compliant**

*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.*

**Requirement 7(3)(b) Compliant**

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

**Requirement 7(3)(c) Compliant**

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

**Requirement 7(3)(d) Compliant**

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

**Requirement 7(3)(e) Compliant**

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

## The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The organisation demonstrated how they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are involved in the co-design of services and engaged on a day-to-day basis. Consumers sampled said they are involved in care planning, delivery and evaluation, providing various examples of how this occurs in practice.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff understood these concepts and could explain how they were applied in practice.

The organisation has an overarching risk management framework consisting of policies, procedures and audit systems, which underpins the service’s approach to identifying and managing risks to consumers’ care. The system includes tools and processes for assessing, monitoring and improving care quality, and identifying and responding appropriately to identified risks and complaints. Consumers are supported to the live the best life they can to ensure they maintain their independence in a safe manner.

The service has mechanisms to report all incidents, and staff were knowledgeable on how to report and document consumer and staff incidents.

Based on the evidence documented above, I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care Ingle Farm Facility, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.