**Performance**

**Report**

**1800 951 822**

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| Name: | Helping Hands Community Care |
| Commission ID: | 300347 |
| Address: | 4 Woodbridge Court, RIVERSIDE, Tasmania, 7250 |
| Activity type: | Quality Audit |
| Activity date: | 17 July 2024 to 18 July 2024 |
| Performance report date: | 19 August 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8709 Tasmanian Independent Services Pty Ltd  
Service: 25796 Tasmanian Independent Services Pty Ltd - Community and Home Support

**This performance report**

This performance report for Helping Hands Community Care (**the service**) has been prepared by N Eastwood, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **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 | | CHSP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers confirmed staff interactions are respectful and the service meets their needs. Staff provided examples of how they demonstrate dignity and respect and management described how they complete initial meetings to gain an understanding of consumer diversity and cultural background. Care planning documentation reflected consumer preferences and choices are documented and considered when planning care delivery.

Management described how consumers contribute to their care and service delivery, involve whom they wish in discussions and choose how information is shared. Staff described having regular conversations with consumers about how they would like their cleaning or shopping services performed. The service has a ‘Clients Partnering in Decision Making’ policy detailing how risk assessment and communication with consumers regarding risk management should be undertaken. There was evidence of risk assessments and strategies to mitigate identified risks for individual consumers.

The service distributes regular client newsletters which include relevant service delivery updates and important notices. Consumers were confident their personal information is kept confidential and described trust in processes and staff. The Assessment Team report included examples of the service’s engagement with consumers to support individualised approaches respecting consumer choice and background.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives said the services they receive help them to live safely in their own homes and engage with the community. Care documentation reflected staff completion of online care plans identifying consumer medical diagnosis, social needs, service type and hazards. Consumer needs, goals and preferences are discussed at the initial meeting. Advanced care planning and end of life wishes are not included in discussion as service provision is limited to domestic assistance and does not include clinical care.

Hard copies of care plans are provided to staff, and management confirmed consumers and representatives are encouraged to contribute to care plan creation. Changes are recorded in care plans and updated in the electronic management system with a new copy provided to staff. Consumers and representatives confirmed they are consulted, and consent sought prior to engagement with other service providers.

Management confirmed they meet with consumers and representatives to discuss consumer care needs through an initial assessment process and regular phone calls to review care and update care plans. Documentation demonstrated each consumer has a care plan that lists their individual goals and the strategies to achieve these goals. Staff report consumer changes to management, prompting consideration of care plan review. Where there is an indication for services outside that which can be delivered under CHSP arrangements, staff described the process of referral through My Aged Care for reassessment. The service has also committed to maintaining annual review of care plans as this practice had not been formally implemented at the time of the Quality Audit.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Documentation reflected individual care plans including needs, goals, and preferences. Staff ensure supports are provided based on what is important to the consumer. When providing social support, staff confirmed they consult with consumers to establish their preference as well as referring to consumer care plans.

There was evidence that staff know consumers well and are able to identify when there is a change in mood or a need for additional emotional or spiritual support. Staff described how they would assist consumers to seek additional support. Staff also described interventions to support consumer independence. This was supported by representative accounts confirming the assistance consumers receive enables them to engage with activities and remain at home.

Consumers and representatives confirmed they are assisted to participate in the community, and care documentation reflected consumer participation in activities to meet their needs, goals, and preferences. This was supported by a consumer account describing recent attendance at an outing of their choice facilitated by the service.

Care documentation reflected communication with other responsible parties including representatives, staff and external care providers, particularly around the commencement or ceasing of services. Providers of brokered services such as gardening and home maintenance indicated they receive information about consumer risk, needs, and preferences through online work orders or by telephone. Management explained they provide information to consumers and representatives about home care packages and refer them to other service providers such as personal alarm services where required.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed they are confident raising concerns and trust action would be taken in response. Staff were aware of feedback processes and described offering support to consumers to provide feedback. Staff explained alternative complaint resolution methods, and management explained information is provided to new consumers regarding advocacy and external complaints services. The service committed to ensuring access to interpreter services was available for future consumers who require assistance.

Staff confirmed they would report verbal feedback to management immediately if received and described the open disclosure process. Management described the process they would undertake to respond and act on complaints. The service has a feedback register, feedback forms, and policies and procedures relating to complaints, feedback and open disclosure.

While the service had not received any complaints for trending or analysis there was a process in place to review and improve the quality of care and services.

# Standard 7

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| Human resources | | CHSP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives were satisfied with the services received and the punctuality of staff. There was evidence the service attempts to match staff with consumer needs and personalities, and to maintain consistency of staff for consumers. The Assessment Team report reflected that staff have time to complete their required tasks, and provided evidence that there were no unfilled shifts during the month preceding the Quality Audit.

The Assessment Team report also demonstrated that staff respect consumer identity by acknowledging their choice and preference. Guidance documents include a diversity policy and a code of conduct to communicate expectations of staff.

Consumers were satisfied staff are competent, and there was evidence staff complete annual training in first aid, cardiopulmonary resuscitation, infection control, and manual handling. Staff receive written information regarding the Serious Incident Response Scheme (SIRS) and the Aged Care Quality Standards. Staff explained they regularly meet and discuss changes to practice or policy, and work experiences and knowledge. Induction for new staff is followed by mentoring provided by the service coordinator, within a 3-month probation period. The Assessment Team report reflected staff satisfaction with the onboarding process and the support provided by management of the service.

Monitoring and assessment of staff performance occurs informally and there was evidence that management seeks feedback from consumers regarding staff performance. While the service’s policy for conducting annual performance reviews was not being adhered to, the Assessment Team noted the service has added this as an action on its Plan for Continuous Improvement (PCI).

# Standard 8

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| Organisational governance | | CHSP |
| 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. | Not Applicable |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed the service is well run and indicated they have regular opportunities to provide feedback. While there is no consumer advisory group, evidence was provided reflecting regular opportunities and encouragement for consumers to provide feedback and suggestions for service improvements.

There was evidence staff are supported to understand incident reporting, and complaints and feedback mechanisms available to consumers. The service provides equipment necessary for the safe delivery of services such as receipt books, personal protective equipment, and sanitiser. Relevant work information including policies and consumer briefing notes is made available to staff.

There is an effective organisation wide governance system. Information management is supported with policies and procedures to ensure consumer information is secure and accessible only to those who require it. Management committed to addressing out-of-date information contained in contracts with external providers. Continuous improvement is prompted by consumer reviews, feedback and complaints, staff meetings and feedback from regulators. Processes are in place to support effective financial governance and oversight, as well as facilities for consumers to pay for services at the time-of-service delivery as they prefer. Staff roles and responsibilities are recorded within position descriptions, a code of conduct, and policies and procedures. Staff undergo police, insurance, and working with vulnerable people checks. The service monitors regulatory reforms to ensure compliance and communicates changes to staff. A system is in place to manage feedback and complaints, and the Assessment Team report reflected positive consumer feedback regarding management communication and responsiveness.

There are policies in place governing risk management and guiding staff in responding to abuse and neglect. Risks are considered during initial intake meetings with consumers and included in care plans. Staff re-assess risk at every visit and consumer documentation is updated accordingly. The Assessment Team report reflected positive consumer feedback regarding staff management of risks. There was evidence of an incident management system, with staff training which includes SIRS and review of incidents by management.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)