AnglicareSA Grange

Performance Report

56 High Street
GRANGE SA 5022
Phone number: 08 8305 9500

**Commission ID:** 6779

**Provider name:** Anglicare SA Ltd

**Site Audit date:** 9 August 2021 to 11 August 2021

**Date of Performance Report:** 16 September 2021

# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 Commission’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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

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 conducted 9 to 11 August 2021, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit Report received 6 September 2021.

# STANDARD 1 NON-COMPLIANTConsumer 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 Non-compliant as one of the six specific requirements has been assessed as Non-compliant.

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the Requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the Requirements under this Standard. The Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found that most sampled consumers considered that 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 Assessment Team interviewed consumers who confirmed the service supports them to be independent and encourages them to exercise choice about the care and services they receive. They confirmed staff know what is important to them and support them to maintain relationships with friends and family members, both inside and outside of the service.

The Assessment Team observed staff interacting with consumers in a respectful and polite manner and could identify consumers’ individual preferences and interests. The Assessment Team found that consumers are treated with dignity and respect. Each consumer’s privacy is respected, and personal information is kept confidential.

The Assessment Team found that most consumers are supported with decision making and choices and have nominated representatives to advocate for them. Consumers and representatives are provided information that is clear, easy to understand and enables them to exercise choice.

The Assessment Team found care plans related to cultural safety are general and do not elaborate what the individual consumer’s culture is.

The Assessment Team found the service has not identified and considered the potential safety risks for two consumers who leave the service independently resulting in no risk assessments conducted to support effective risk management.

## 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) Non-compliant

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

The Assessment Team found that the service was unable to demonstrate effective risk management to enable consumers to live the best life they can. The service has not considered the potential safety risks for two consumers who leave the service independently and the service was unaware of the potential risks. Risk assessments have not been conducted to identify and provide consumers with relevant information and to support effective risk management.

The approved provider responded to the Assessment Team’s report and furnished additional documentation including ‘AnglicareSA Grange Response and Attachments 1-8’, to support the service’s compliance with this requirement. I have reviewed the additional documentation however, I do not find at the time of assessment that either of the consumers identified risks have been effectively mitigated to prevent potential injury to the consumers whilst leaving the service independently.

I find that the approved provider is not compliant with this requirement.

### 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.

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team found that overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers who confirmed they are involved in care planning and are informed about the outcomes of assessment and planning and have ready access to their care and services plan if they wish.

The Assessment Team interviewed staff who were knowledgeable about care planning and assessment processes, including re-assessment, and confirmed care planning and assessment documents were readily accessible on the electronic clinical management system. The service has policies and procedures to guide practice.

The Assessment Team found that the service has monitoring processes in place, such as clinical audits, progress note reviews by the care manager and care coordinator and ‘Resident of the Day’ scheduling to ensure care and services reflect the consumer’s current needs, goals and preferences.

## 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 COMPLIANTPersonal 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.

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents.

The Assessment Team found that most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed consumer representatives who confirmed that the consumers get the care they need and confirmed they have access to a doctor or other health professional when they need it. Three consumer representatives stated their loved ones receive the care they need and are satisfied the care is right for them. One consumer representative stated while they have regular communication with the clinical team and are happy with the care currently, they are still concerned about potential personal hygiene care provided to their mother who has Dementia.

The Assessment Team found that the service conducts assessment and care planning to ensure the consumer’s personal and clinical care meets their needs and goals. Clinical meetings are held to review service delivery, clinical data and trends. The service has process for managing restraint, skin integrity and pain.

However, the service has failed to identify skin changes for one consumer. While the service uses a best practice pain management tool to assess pain, staff have not monitored the consumer for potential pain.

The Assessment Team found that the service has identified a trend in their falls incidents and recognise issues related to this trend. Action has been taken to address the issues and management are in the process of conducting a review audit.

The Assessment Team found that the service manages the consumer’s needs, goals and preferences as they go through a palliative and end of life stage. Emotional support and symptom control management is managed well.

The consumer’s needs, preferences and goals are established through consultation with the consumer, their representative and with others where responsibility for care is shared and referrals are made to external providers and/or services on admission and as required when the consumer’s needs and condition change.

The Assessment Team found that the service manages a safe environment with an effective infection prevention and control program.

### 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.*

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

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

The Assessment Team found the service was unable to demonstrate effective management of risks associated with the care of each consumer. The service was unable to demonstrate it has taken action to minimise the risk of pressure injuries for each consumer. One consumer, who is unable to reposition themselves independently, developed two pressure injuries on their left foot. The service failed to monitor the consumer’s skin and identify the pressure injuries. The service has not monitored the consumer’s pain regularly and consistently to identify any potential pain issues. While the organisation’s ‘Pain Management Procedure’ (PMP) directs staff to identify additional pain needs in the event of trauma and when undergoing painful procedures, pain charts were not done regularly to monitor and identify potential pain.

The Assessment Team found that the service identified through quality trending records that falls incidents have increased. Data indicates incidents have increased significantly in the last six months and from 42 falls in June 2021 to 66 in July 2021. A ‘Grange Falls Review’ conducted in June 2021 by the allied health team states over the past six months the site has experienced a significant increase in falls incidents, six resulting in critical incidents.

The approved provider responded to the Assessment Team’s report with additional documentation including ‘AnglicareSA Grange Response and Attachments 10-20’, to support the service’s compliance with this requirement. I have reviewed the additional documentation and note that the service initially failed to identify the wound through daily care activities, however I acknowledge the referral to the wound specialist and the immediate actions that the service has taken with Toolbox talks for staff on wound management and wound care and the reduction of falls following the service’s internal analysis and review with the implementation of a new ‘Stick to Stand’ program, which has resulted in the lowest number of falls over a 12 month period. I also acknowledge that the consumer’s wounds are healing well and have been managed following the actions initiated by the service and prior to this Site Audit.

I find that the approved provider is compliant with this requirement.

### 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 NON-COMPLIANTServices 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 Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the Requirements. The Team also examined relevant documents.

The Assessment Team interviewed sampled consumers and representatives who mostly considered they get the services and supports for daily living and that enable them to do the things they want to do, however, some consumers said lifestyle staff do not engage them very often and they would like to do more activities.

The Assessment Team identified that the service has an activities calendar based on the preferences and interests of consumers. Activities are provided either in a group setting or one-to-one with individual consumers. Staff said consumers, primarily in the memory support units, are not provided with regular lifestyle activities, particularly on the weekends.

The Assessment Team however did identify that the service was unable to demonstrate it provides adequate services and supports for daily living to promote consumers’ emotional and psychological well-being for daily living activities. Consumers said they are often not engaged by staff or provided meaningful activities, particularly one-to-one visits. Staff said they do not have time to for consumers who they know require additional support.

Care planning documentation reviewed showed consumers’ needs, preferences and what is important to them are documented and inform how services are provided.

The Assessment Team spoke with lifestyle staff who provided examples of how they assist and support consumers to do the things they like and initiatives to improve the service’s assessment and evaluation of services and supports for daily living.

The Assessment Team observed consumers participated in a range of activities throughout the Site Audit, however, consumers in two houses were observed to be sitting in the lounge room for a large proportion of the day with minimal engagement. Dining areas observed at lunchtime showed the environment was calm and consumers appeared to be enjoying their meal.

## 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) Non-compliant

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

The Assessment Team found that the service was unable to demonstrate it provides adequate services and supports for daily living to promote consumers’ emotional and psychological well-being. One consumer who is unable to hear and speak has not had their emotional and communication needs addressed. Another consumer who is affected by the noise level of a television, coming from a separate consumer’s room, does not feel they are supported. Consumers said they are often not engaged by staff or provided meaningful activities, particularly one-to-one visits. Staff said they know consumers are bored and get lonely, however they do not have time to spend with them. Lifestyle care plans did not indicate consumers are supported emotionally in accordance with their needs and interests.

The Assessment Team viewed lifestyle assessments for six consumers, under the heading ‘cultural needs’. Each assessment showed the same information being the consumer ‘likes to celebrate Christmas, birthday and Easter’. The assessments do not include information about consumers’ lives, history or what they enjoyed doing prior to entering the service.

The Assessment Team viewed the service’s continuous improvement schedule, however, the improvements noted by management relating to an improved activity participation register and evaluation process were not documented.

The approved provider responded to the Assessment Team’s report with additional documentation including ‘AnglicareSA Grange Response and Attachments 21-31’, to support the service’s compliance with this requirement. I have reviewed the additional documentation and acknowledge the actions that have been put in place following the Site Audit, however, find that lifestyle assessments are not individualised and therefore do not reflect the activities or services and supports for daily living that promote each consumer’s emotional, spiritual and psychological well-being.

I find that the approved provider is not compliant with this requirement.

### 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.

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Team also examined relevant documents.

The Assessment Team interviewed sampled consumers who considered that they feel they belong in the service and feel safe and comfortable and that the service is clean and well maintained.

The service has a preventative schedule, audits and maintenance systems to ensure all aspects of the environment, fittings, equipment and furniture are monitored and clean.

The Assessment Team observed the internal service environment was welcoming, clean, well maintained and home-like, enabling consumers to move freely both indoors and outdoors throughout the service. However, not all doors in individual houses were open to enable access to gardens and courtyards.

The Assessment Team interviewed staff and management who described how they ensure the service environment, equipment and consumers’ rooms are safe, cleaned and maintained. However, it was observed hot water boiling systems in kitchenettes did not have safety preventative mechanisms to ensure consumers with a cognitive impairment could not operate the system.

The Assessment Team reviewed documentation which demonstrated the service was effectively responding to, managing and preventing most maintenance issues. However, two lifters were found to have not been serviced since January 2021.

## 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.

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the Requirements under this Standard.

The Assessment Team interviewed sampled consumers who considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers are actively invited to provide feedback on their experiences of care and complaints and are responded to compassionately, competently and in a timely manner and feedback is provided to all parties about the action resulting from their input. One consumer said they complained about an agency staff not being respectful of their privacy and that agency staff member has not been back since. Two consumers said they routinely use resident meetings to discuss issues, including food services and the meals are very good now.

The Assessment Team reviewed ‘Resident meeting minutes’ which show that as a result of feedback about food and consumers’ clothes and items that go missing the service recently recruited a new hospitality manager. This has resulted in an improvement in monitoring of these issues and consumer satisfaction with food.

The Assessment Team viewed the compliments and complaints register which includes a section requiring staff to confirm an open disclosure process is used and where for example, medications errors have been made, the family has been informed in line with the service’s open disclosure process.

## 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 NON-COMPLIANTHuman 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 Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

To understand the consumer’s experience and how the organisation understands and applies the individual Requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The Assessment Team interviewed consumers and representatives who said staff are kind and caring, treat consumers with respect, and understand their preferences and interests as they have the appropriate skills and knowledge.

The Assessment Team found that the service was unable to demonstrate the service ensures staffing levels are enough to provide safe care and services. Consumers and representatives said there is a shortage of care and lifestyle staff as they are not supported in daily living activities. Staff said they are understaffed and unable to attend to consumers’ care needs, primarily in relation to continence care and the service’s ability to provide support for daily living activities.

Management described how they ensure staff have appropriate qualifications as part of their monitoring process. The service has an annual performance appraisal process and a performance management process to ensure when incidents occur the service undertakes appropriate action.

The Assessment Team identified that the service has an initial onboarding process which involves mandatory training and buddy shifts. Following recruitment, the service provides ongoing training to staff as part of scheduled online and face to face training.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found that the service was unable to demonstrate the number of members of the workforce was sufficiently planned to enable the delivery and management of safe quality care and services. While the organisation has systems and processes to plan the numbers and mix of their workforce and manage staff vacancies/unfilled shifts, feedback from staff, consumers and representatives show the number of care and lifestyle staff are insufficient to meet the consumers' needs.

### The Assessment Team interviewed consumers and representatives who mostly said there are not always enough staff to provide the care and services they need. Representatives stated that the call bells are not answered within a reasonable time frame and have observed the call bell not being answered within 30 minutes, this has caused consumers to be incontinent due to waiting for extended periods. Consumers with mobility issues are unable to access outdoors as they are unable to open the door and don’t want to disturb the carer as they are busy attending to other consumers.

The Assessment Team spoke to staff who confirmed that there is often only one carer in each house, and there is a float, however they are often busy in the other houses. Staff advised that they are unable to attend to the consumers’ needs in a timely manner due to the high workload.

The approved provider responded to the Assessment Team’s report with additional documentation including ‘AnglicareSA Grange Response and a blank staff survey’. The provider refutes the claim that the service is understaffed, however the feedback and examples received from consumers, representatives and staff do not demonstrate that the workforce is planned to enable the delivery and management of safe and quality care and services to consumers.

I find that the approved provider is not compliant with this requirement.

### 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.

To understand how the organisation understands and applies the Requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team interviewed sampled consumers who considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team spoke with management who described and provided evidence of how consumers have input about their experience and the quality of care and services through reviews, meetings, feedback and surveys.

The Assessment Team found that the service has established a governance framework, including reporting to key executives, enabling the organisation to promote and ensure a culture of safe, inclusive and quality care and services.

The service has an effective organisation wide governance system in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has policies and procedures in relation to effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The Assessment Team found that the service has a clinical governance framework which includes antimicrobial stewardship and minimising the use of restraint. Management provided examples of how clinical incident data is monitored and trended within the organisation. Management and staff were able to describe being aware of policies and procedures in relation antimicrobial stewardship, minimising the use of restraint and open disclosure.

## 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 1(3)(d) Non-compliant

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

The approved provider must demonstrate that:

* Each consumer’s identified risks are effectively mitigated to prevent injury to the consumer whilst leaving the service independently.
* Risk assessments are conducted to identify and provide consumers with relevant information and to support effective risk management.

### Requirement 4(3)(b) Non-compliant

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

The approved provider must demonstrate that:

* Meaningful activities are developed to support and promote the consumers’ emotional, spiritual and psychological well-being.
* Activities are developed in consultation with consumers.
* Lifestyle assessments are individualised to support consumers’ well-being.

### Requirement 7(3)(a) Non-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.*

The approved provider must demonstrate that:

* The service provides effective staffing levels to deliver safe and quality care and services to consumers.
* Staffing is commensurate with consumers’ needs.
* Feedback from consumers, representatives and staff are considered when workforce is planned to ensure consumers are assisted in a timely manner to prevent incidents.