AnglicareSA Grange

Performance Report

56 High Street   
GRANGE SA 5022  
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**Commission ID:** 6779

**Provider name:** Anglicare SA Ltd

**Assessment Contact - Site date:** 21 June 2022

**Date of Performance Report:** 8 July 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** |  |
| Requirement 1(3)(d) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received on 4 July 2022; and
* the Performance Report dated 16 September 2021 for the Site Audit undertaken from 9 August 2021 to 11 August 2021.

# STANDARD 1 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 Assessment Team assessed Requirement (3)(d) in Standard 1 Consumer dignity and choice as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(d) in Standard 1 was found Non-compliant following a Site Audit undertaken from 9 August 2021 to 11 August 2021 where it was found that for two consumers, identified risks had not been effectively mitigated to prevent potential injury to the consumers whilst leaving the service independently. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(d) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Anglicare SA Ltd, in relation to AnglicareSA Grange, Compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 1 Requirements**

### Requirement 1(3)(d) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following a Site Audit undertaken from 9 August 2021 to 11 August 2021 where it was found that for two consumers, identified risks had not been effectively mitigated to prevent potential injury to the consumers whilst leaving the service independently. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed an audit of all consumers who leave the site independently to ensure consistency in procedures.
* Reviewed key clinical indicators that may contribute to consumers’ safety and completed a Risk assessment management plan that includes all clinical factors for risk rating. Where risks were identified, plans to support consumers to leave independently were developed.
* Developed a workflow document to support clinical staff to identify risk and determine if consumers can leave the service independently.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Policies and procedures are available to guide and assist staff with managing and supporting consumers who wish to take risks to achieve consumer centred solutions. Care files sampled demonstrated consumers had been supported to understand the risks involved in activities they choose to partake in. There was evidence consumers had contributed to the risk assessment process and subsequent reviews had occurred following a change in consumers’ cognition or condition, in line with the service’s policies and procedures. Staff sampled described processes initiated when consumers wish to undertake an activity with potential risk, including having the consumers’ risk and safety assessed by relevant Allied health staff and clinical management. Consumers sampled indicated risks relating to activities they choose to partake in had been discussed with them.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Grange, Compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

# STANDARD 4 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 Assessment Team assessed Requirement (3)(b) in Standard 4 Services and supports for daily living as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) in Standard 4 was found Non-compliant following a Site Audit undertaken from 9 August 2021 to 11 August 2021 where it was found that lifestyle assessments were not individualised and, therefore, did not reflect the activities or services and supports for daily living that promoted each consumer’s emotional, spiritual and psychological well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Anglicare SA Ltd, in relation to AnglicareSA Grange, Compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following a Site Audit undertaken from 9 August 2021 to 11 August 2021 where it was found that lifestyle assessments were not individualised and, therefore, did not reflect the activities or services and supports for daily living that promoted each consumer’s emotional, spiritual and psychological well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Employed a Well-being coordinator.
* Initial lifestyle assessments are reviewed six-monthly to ensure information gathered in relation to emotional, spiritual and psychological well-being is captured. Lifestyle assessments are updated with information where possible to assist staff to understand consumers’ needs. The review process includes consultation with consumers to identify any opportunities to modify or introduce new activities to the program.
* Lifestyle staff have networked with other Well-being coordinators within the organisation to gather ideas and suggestions for activities.
* Engaged Relationships Australia to run Art therapy classes, with the first class held in November 2021.
* Chapel services have recommenced, as have weekly Pastoral care services.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Entry and ongoing processes assist the service to identify and support consumers to engage in activities of interest and to celebrate and acknowledge cultural, religious and spiritual practices to support their psychological well-being. Lifestyle staff review, evaluate and generally update the lifestyle program based on consumers’ preferences, where possible. Staff sampled described how they support consumers’ emotional, psychological and spiritual well-being, and demonstrated a sound knowledge of individual consumer’s preferences which were reflective of information documented in lifestyle care plans. Consumers and representatives were complimentary of the care, support and assistance provided to consumers to attend lifestyle activities of their choice.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Grange, Compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

# STANDARD 7 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 Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in Standard 7 was found Non-compliant following a Site Audit undertaken from 9 August 2021 to 11 August 2021 where it was found feedback and examples received from consumers, representatives and staff did not demonstrate that the workforce was planned to enable the delivery and management of safe and quality care and services to consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings, evidence documented in the Assessment Team’s report and the provider’s response, and based on this information, I find Anglicare SA Ltd, in relation to AnglicareSA Grange, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## 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.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit undertaken from 9 August 2021 to 11 August 2021 where it was found feedback and examples received from consumers, representatives and staff did not demonstrate that the workforce was planned to enable the delivery and management of safe and quality care and services to consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed staffing levels and rosters with changes made to commencement times for nursing, care and lifestyle staff to reflect consumers' needs.
* Recruitment is ongoing and approximately 20 new staff have been recruited in 2022.
* Adjusted the Registered and Enrolled nurse roster based on feedback from nursing staff and an Enrolled nurse shift was re-instated.
* Structured morning and afternoon float shifts to support routines in each house to accommodate consumers’ care needs and preferences.
* Reviewed call bell function and practices, and reviewed and updated the call bell management procedure.
* Engaged preferred agencies to provide care and nursing staff when shortages occur, and block bookings are scheduled to provide continuity of care.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Documentation sampled demonstrated the organisation undertakes ongoing review of the sufficiency and skill of the workforce through observations and review of feedback and complaints and clinical data to ensure consumers are being provided with quality care and services. The organisation has a range of processes, policies and procedures which underpins workforce management, and tools are being developed across the organisation as part of continuous improvement initiatives. Overall, staff indicated while they are busy at times, they have enough time to undertake their duties. Unplanned staff absences are generally covered by internal adjustments of rosters or accessing regular agency staff from preferred agencies. Some staff stated where shifts remain unfilled, they feel under pressure, particularly when rostered in higher care areas, however, the impact on consumer care and services was minimal. Most consumers and representatives sampled confirmed staffing levels are adequate, consumers’ call bells are responded to promptly, staff deliver care in line with their preferences and staff have the skills to deliver care and services safely.

For the reasons detailed above, I find Anglicare SA Ltd, in relation to AnglicareSA Grange, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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.