



# Performance Report

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<b>Name:</b>	Anglicare - South (NAPS ID 9128)
<b>Commission ID:</b>	300330
<b>Address:</b>	159 Collins Street, HOBART, Tasmania, 7000
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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

Home Care Packages (**HCP**) included:

Provider: 2565 Anglicare Tasmania Inc

Service: 26405 Anglicare Home Care Packages Southern Tasmania

Service: 17148 Anglicare Tasmania Aged Care Service CACP North

Service: 17149 Anglicare Tasmania Aged Care Service CACP NW

Commonwealth Home Support Programme (**CHSP**) included:

Provider: 7997 Anglicare Tasmania Inc.

Service: 23659 Anglicare Tasmania Inc. - Care Relationships and Carer Support

Service: 23660 Anglicare Tasmania Inc. - Community and Home Support

## This performance report

This performance report for Anglicare - South (NAPS ID 9128) (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)<sup>1</sup>.

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.

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<sup>1</sup> The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018.

## Assessment summary for Home Care Packages (HCP)

<b>Standard 1</b> Consumer dignity and choice	<b>Compliant</b>
<b>Standard 2</b> Ongoing assessment and planning with consumers	<b>Compliant</b>
<b>Standard 3</b> Personal care and clinical care	<b>Compliant</b>
<b>Standard 4</b> Services and supports for daily living	<b>Compliant</b>
<b>Standard 6</b> Feedback and complaints	<b>Compliant</b>
<b>Standard 7</b> Human resources	<b>Compliant</b>
<b>Standard 8</b> Organisational governance	<b>Compliant</b>

## Assessment summary for Commonwealth Home Support Programme (CHSP)

<b>Standard 1</b> Consumer dignity and choice	<b>Compliant</b>
<b>Standard 2</b> Ongoing assessment and planning with consumers	<b>Compliant</b>
<b>Standard 3</b> Personal care and clinical care	<b>Compliant</b>
<b>Standard 4</b> Services and supports for daily living	<b>Compliant</b>
<b>Standard 6</b> Feedback and complaints	<b>Compliant</b>
<b>Standard 7</b> Human resources	<b>Compliant</b>
<b>Standard 8</b> Organisational governance	<b>Compliant</b>

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

Consumer dignity and choice		HCP	CHSP
Requirement 1(3)(a)	Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.	Compliant	Compliant
Requirement 1(3)(b)	Care and services are culturally safe	Compliant	Compliant
Requirement 1(3)(c)	Each consumer is supported to exercise choice and independence, including to: <ul style="list-style-type: none"> <li>(i) make decisions about their own care and the way care and services are delivered; and</li> <li>(ii) make decisions about when family, friends, carers or others should be involved in their care; and</li> <li>(iii) communicate their decisions; and</li> <li>(iv) make connections with others and maintain relationships of choice, including intimate relationships.</li> </ul>	Compliant	Compliant
Requirement 1(3)(d)	Each consumer is supported to take risks to enable them to live the best life they can.	Compliant	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	Compliant
Requirement 1(3)(f)	Each consumer's privacy is respected and personal information is kept confidential.	Compliant	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.

Most consumers and representatives confirmed they are treated with dignity and respect. Staff described how they demonstrate respect through their language and by acknowledging consumer choice and preference. Care documentation included consumer backgrounds and what was important to them.

Staff also described how an understanding of consumer preferences may influence how care is provided. Safe, personalised approaches were outlined in the context of cultural diversity and other individual consumer backgrounds and histories.





Consumers are supported to exercise choice, make their own decisions, and make and maintain connections of their choosing. The Assessment Team report included examples of consumers making changes to those involved in their care and being assisted to maintain relationships with chosen communities. Policies and procedures are in place to support consumer participation.

The service supports consumers to take risks where this enables them to live lives of their choosing. Consumers are supported to continue living at home despite the presence of risk, and there was evidence staff discuss with consumers strategies to mitigate risk and maximise safety. There is a dignity of risk policy in place to guide staff, which supports consumer empowerment.

Most consumers and representatives felt they receive information which is current, accurate and timely. Consumers confirmed their privacy is respected during service delivery, a number commenting on how dignity is maintained during the provision of personal care. Staff outlined how consumer information is kept confidential, and there are policies in place to support this.


## Standard 2

Ongoing assessment and planning with consumers		HCP	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	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	Compliant
Requirement 2(3)(c)	<p>The organisation demonstrates that assessment and planning:</p> <ul style="list-style-type: none"> <li>(i) 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</li> <li>(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.</li> </ul>	Compliant	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	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	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 were satisfied with the service's assessment and planning processes. Care documentation reflected comprehensive assessment which considers needs and risks and informs the development of a care plan. Assessment involves contribution from nursing and allied health professionals, and considers medical history, the home environment, physical, cognitive and social function, and equipment.



Evident within consumer documentation was consideration of consumer needs, goals and preferences. Consumers confirmed they receive the services required to meet their goals, and representative feedback demonstrated the significant positive impact of services received. Consumer care documentation accurately reflected both physical and mental health support needs.

The service partners with consumers in the process of assessment and care planning. Consumers confirmed others of their choosing are also involved. The service consults professionals such as geriatricians, occupational therapists, medical officers and hospital staff with consumer consent.

There was evidence that consumers and representatives receive copies of care plans and that staff explain care and services. Staff indicated they can easily access care plans and other information through a mobile telephone application used by the service.

Consumers confirmed the service reviews care and services if their needs or preferences change. Reviews occur annually at a minimum for both CHSP and HCP consumers, and may also be prompted by risks, hazards, incidents and complaints. Evidence was provided to demonstrate review following falls and hospital discharge leading to increased consumer safety.


## Standard 3

Personal care and clinical care		HCP	CHSP
Requirement 3(3)(a)	Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: <ul style="list-style-type: none"> <li>(i) is best practice; and</li> <li>(ii) is tailored to their needs; and</li> <li>(iii) optimises their health and well-being.</li> </ul>	Compliant	Compliant
Requirement 3(3)(b)	Effective management of high impact or high prevalence risks associated with the care of each consumer.	Compliant	Compliant
Requirement 3(3)(c)	The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.	Compliant	Compliant
Requirement 3(3)(d)	Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.	Compliant	Compliant
Requirement 3(3)(e)	Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.	Compliant	Compliant
Requirement 3(3)(f)	Timely and appropriate referrals to individuals, other organisations and providers of other care and services.	Compliant	Compliant
Requirement 3(3)(g)	Minimisation of infection related risks through implementing: <ul style="list-style-type: none"> <li>(i) standard and transmission based precautions to prevent and control infection; and</li> <li>(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.</li> </ul>	Compliant	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.





The Assessment Team report reflected the provision of effective, best practice clinical and personal care. Consumers and representatives confirmed care is tailored and supports their health and wellbeing; specific evidence was provided in relation to the effective clinical and personal care provided to a consumer living with advanced dementia. Risks, needs and consumer goals were documented thoroughly within care documentation, and there was evidence of staff working closely with representatives and allied health providers to ensure appropriate, effective care.

The service effectively manages high-impact and high-prevalence risks. Consumers and representatives described care that makes them feel safe, and care planning documentation demonstrated ongoing monitoring of risk in relation to falls, weight loss, and skin integrity. The services make referrals for clinical assessment and care as required.

Consumers and representatives confirmed staff discuss advance care planning and end of life wishes at the time of assessment and reviews. The service works with external providers to coordinate services and optimise care at the end of life.

There was evidence of a robust system for recognising and responding to changes in consumer health or wellbeing. Consumers felt confident staff would recognise and respond to changes.

Representatives provided positive feedback regarding staff knowledge of consumer care needs. Care documentation was comprehensive, with evidence of effective communication within the service and with external providers involved in consumer care. Service plans were available to staff at the point of care. There was evidence of timely referrals to external providers, and consumers were satisfied with referral processes. The Assessment Team report provided specific evidence of a positive outcome for a consumer requiring urgent care.

The service has a system in place to minimise infection-related risks, incorporating policies and procedures, mandatory staff training, provision of personal protective equipment (PPE) and an outbreak management plan. Consumers confirmed staff use PPE when providing care.

## Standard 4


Services and supports for daily living		HCP	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	Compliant
Requirement 4(3)(b)	Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.	Compliant	Compliant
Requirement 4(3)(c)	Services and supports for daily living assist each consumer to: <ul style="list-style-type: none"> <li>(i) participate in their community within and outside the organisation's service environment; and</li> <li>(ii) have social and personal relationships; and</li> <li>(iii) do the things of interest to them.</li> </ul>	Compliant	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	Compliant
Requirement 4(3)(e)	Timely and appropriate referrals to individuals, other organisations and providers of other care and services.	Compliant	Compliant
Requirement 4(3)(f)	Where meals are provided, they are varied and of suitable quality and quantity.	Not Applicable	Not Applicable
Requirement 4(3)(g)	Where equipment is provided, it is safe, suitable, clean and well maintained.	Compliant	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 and supports received, with feedback reflecting services to support consumers to maintain independence. Staff knew what was important to each consumer and outlined how they consider needs, goals and preferences when delivering care and services. The service has a suite of assessment and planning documents to support the safe and effective delivery of services.

Continuity of staff supports consumer emotional and psychological well-being. Consumers felt staff understand their needs and concerns and indicated comfort discussing concerns with their



case managers. Staff provide direct support to consumers and counselling referrals are also made.

The service supports consumers to do things of interest to them, maintain important relationships, and engage with the community. Consumers and representatives were satisfied staff understand consumer needs and preferences. Documentation demonstrated that information is maintained regarding needs and the involvement of external services, and staff confirmed this information is readily available to them.

Consumers and representatives described referrals to external services, as requested or following the identification of needs through assessment and review. The service has a referral policy to guide staff.

The Assessment Team report reflected consumers and representatives were satisfied with the equipment purchased for consumers, such as hospital beds or commodes. Management outlined a process for checking satisfaction with and suitability of equipment and reviewing equipment for maintenance needs.

## Standard 6

Feedback and complaints		HCP	CHSP
Requirement 6(3)(a)	Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.	Compliant	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	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	Compliant
Requirement 6(3)(d)	Feedback and complaints are reviewed and used to improve the quality of care and services.	Compliant	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 have been advised how to provide feedback or make complaints. Staff assist as required, guided by a complaints management policy. The service provides information regarding advocacy services, and staff were aware of language services.

There was evidence the service takes appropriate action in response to complaints and uses open disclosure for serious incidents. Consumers and representatives indicated management is responsive to feedback. At the service level, feedback and complaints information is provided to the Quality and Care Governance Committee as well as the Board for review. Complaints information helps inform the service's continuous improvement register.

## Standard 7

Human resources		HCP	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	Compliant
Requirement 7(3)(b)	Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.	Compliant	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	Compliant
Requirement 7(3)(d)	The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.	Compliant	Compliant
Requirement 7(3)(e)	Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.	Compliant	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 receive continuity of care through the service's provision of regular staff. Staff were described as generally on time and unhurried in their provision of care. While the service had 36 cancelled shifts during the month preceding the Quality Audit, 11 were rescheduled for later the same day and most other consumers chose to postpone services until the next scheduled visit. The service's workforce strategy includes regular recruitment and considers the number of expected staff resignations.

Consumers and representatives indicated staff are kind and caring. Very positive feedback was received regarding staff ability to build relationships and engage in conversations meaningful to the consumer. The service uses screening questions during recruitment to assess applicants for desired qualities.

Consumers and representatives were confident staff are competent, and indicated they felt safe in their care. There was evidence both employed and brokered staff have the necessary skills to effectively perform their roles. The service requires nursing or allied health qualifications and professional registration for specific roles and has in place position descriptions outlining role requirements. New staff undergo induction and complete buddy shifts, and in some instances are supported to obtain further qualifications. Staff are offered regular training opportunities, and the completion of mandatory training is monitored by management.






Staff performance is monitored through annual reviews, and performance management is initiated following feedback or when incidents occur. Additional training is provided where deficits in performance are identified.

## Standard 8

Organisational governance		HCP	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	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	Compliant
Requirement 8(3)(c)	Effective organisation wide governance systems relating to the following: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) managing and preventing incidents, including the use of an incident management system.	Compliant	Compliant
Requirement 8(3)(e)	Where clinical care is provided—a clinical governance framework, including but not limited to the following: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant	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 the service is well-run. There are opportunities for consumer involvement in the development and evaluation of services via the provision of feedback, or involvement in the service's Participation Advisory Group or Consumer Advisory Body.

Reports are submitted monthly to the Quality Care and Governance Committee and Executive Committee. Complaints data and critical incident information is escalated to the Executive. "Quality of Life" survey results are reported to the Board, assisting it to assess the quality and safety of the services provided to consumers.

There was evidence the service has effective organisation wide governance systems. Information recorded is accurate and accessible to staff when they need it. Continuous improvement is monitored by management, and occurs in response to feedback, incidents, internal audit outcomes, and project initiatives such as those developed by the organisation's Social Action and Research Centre. There are financial governance systems in place to effectively manage finances and resources, to facilitate the delivery of safe and quality services. Effective workforce governance systems support recruitment, retention, workforce planning, and monitoring of staff compliance with training, police checks, and professional registration. The service monitors legislative changes and ensures policies are updated as needed and changes communicated to staff and consumers. Feedback and complaints are communicated to the governing body and used to improve the quality of care and services.

The service has incident and risk management systems in place. These enable effective management of high-impact or high-prevalence risks, along with the identification of abuse and neglect and appropriate responses. Staff were aware of their reporting responsibilities in relation to serious incidents, and evidence was provided to demonstrate the effective management of a high-risk situation for a consumer.

The service has a care governance framework outlining responsibilities and accountabilities for staff, management and the governing body. There is an open disclosure process in place and staff were aware of and describe elements of restrictive practice. While the service did not identify any consumers identified as subject to any form of restraint, management committed to developing a restrictive practice policy for CHSP and HCP consumers.