**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Southcare Packaged Care CACP |
| Service address: | 54 Bickley Crescent MANNING WA 6152 |
| Commission ID: | 500048 |
| Home Service Provider: | Southcare Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 12 December 2022 |
| Performance report date: | 19 December 2022 |

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.

**This performance report**

This performance report for Southcare Packaged Care CACP (**the service**) has been prepared by S Bickerton, 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.

# Services included in this assessment

**Home Care:**

* Southcare Packaged Care Level 3, 23515, 54 Bickley Crescent, MANNING WA 6152
* Southcare Packaged Care CACP, 19235, 54 Bickley Crescent, MANNING WA 6152
* Southcare Packaged Care EACH, 19236, 54 Bickley Crescent, MANNING WA 6152
* Southcare Packaged Care EACH D, 19237, 54 Bickley Crescent, MANNING WA 6152

**CHSP:**

* Care Relationships and Carer Support, 27163, 54 Bickley Crescent, MANNING WA 6152
* Community and Home Support, 27164, 54 Bickley Crescent, MANNING WA 6152

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 16 December 2022

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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.

# Other relevant matters:

Non-compliance of requirements 2(3)(b) and 8(3)(e) was identified during a quality audit conducted on 9 March 2022.

# Standard 2

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

Findings

The service demonstrated that during assessment and planning consumer goals are identified and documented. Consumers described in different ways that that service staff enquired, discussed, and documented their goals with them. Service staff explained that new assessment and planning procedures had been implemented at the service and include discussing consumer goals. The assessment team evidenced consumer goals are documented in consumer care plans.

The service demonstrated processes to discuss and identify individualised consumer goals. For example:

* Service management demonstrated revised service assessment planning processes that ensure individual consumer goals are included in care plans. Service staff were evidenced to have completed training in revised processes, and procedural documentation corroborated assessment procedures include instructions to create tailored consumer care plans.
* The service evidenced an embedded action plan to ensure all consumer care plans were updated to include individual consumer goals by December 2022 and evidenced this target as being achieved at the time of assessment contact.
* Three out of three service coordinators described effective assessment and planning procedures and demonstrated an understanding of new and existing consumer goal identification and review processes.
* The service evidenced training records that demonstrated service staff being upskilled and familiarised with new service procedures.
* Consumer care planning documentation evidenced individualised goals are set and aligned with service provisions.
* Five out of five consumers and their representatives described in different ways that their goals had been discussed with service staff and documented in their care plans.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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. | Compliant | Compliant |

Findings

The service demonstrated clinical governance framework that includes policies and procedures to guide and instruct its workforce in antimicrobial stewardship, minimising the use of restraint and open disclosure. The service evidenced that training had been delivered to its workforce following revision and implementation of these policies and procedures since a quality audit conducted in March 2022.

The service evidenced an infection prevention, control and antimicrobial stewardship policy explaining the principles of antimicrobial stewardship to staff and issuing guidance through comprehensive procedures designed to minimise the risk of infections and recognise symptoms of possible infections.

The service evidenced a minimising restraint in home care setting policy. The policy demonstrated consideration of various forms of restraint, consumer impacts, responsibilities of families and carers, and approaches to minimising the use of restraint.

The service evidenced an open disclosure policy and supporting training records evidenced service staff had been provided with familiarisation at the time this was implemented at the service.

Six of six service staff described completing training in antimicrobial stewardship, minimising the use of restraint and open disclosure, and demonstrated an understanding of the general principles that apply regarding this requirement.

Five consumers and their representatives described in different ways that they had been issued with information from the service relevant to antimicrobial stewardship and open disclosure. The assessment team evidenced that the service issued factsheets to consumers regarding antimicrobial stewardship, minimising restraint in home care and open disclosure.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)