Ashman Grove Aged Care Hostel

Performance Report

Ethelbert Square, 58 Chief Street   
BROMPTON SA 5007  
Phone number: 08 8346 6519

**Commission ID:** 6132

**Provider name:** Rosha Pty Ltd

**Assessment Contact - Site date:** 15 February 2022

**Date of Performance Report:** 11 March 2022

# Performance report prepared by

Stewart Brumm, 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* Infection control monitoring checklist

# STANDARD 3 Personal 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 Approved Provider was able to demonstrate each consumer receives safe and effective clinical care, in relation to diabetes, fluid restriction management, wounds that is best practice, tailored to their needs or optimises health and well-being. Consumers were confident they were receiving care that reflects their needs. Care planning documentation sampled by the Assessment Team reflected individualised care tailored to each consumer's needs.

The Approved Provider was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, including management of falls, restrictive practices, oxygen therapy, weight loss, pain, wounds and pressure area care. Staff were able to demonstrate an understanding of high impact risks and provided examples of consumers, including actions to mitigate risks. The documentation demonstrated that strategies had been implemented, charted and evaluated.

The Assessment Team did not assess all requirements for this standard, as such no overall rating is provided.

### 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.*

# 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.