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:** 17 December 2020

**Date of Performance Report:** 01 March 2021

# Publication of report

This Performance Report **may 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)(b) | 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 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 and others.
* the provider’s response to the Assessment Contact - Site report received 6 January 2021.

# 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 Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

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

Consumers interviewed by the Assessment Team stated they received the care they needed. Some consumers said they sometimes wait for staff assistance with their continence care needs. They said they see their medical officer when they need to and had access to allied health staff.

The service identified, assessed and managed high impact or high prevalence risks associated with the care of each consumer. Consumers’ care planning documentation demonstrated the service had identified numerous potential or actual risks and implemented strategies and interventions to minimise the risks.

Consumers with pressure areas had strategies implemented to minimise further risk and consumers who had experienced weight loss were referred to a dietitian for review in a timely manner.

Manual handling strategies for a consumer were reviewed and updated following an incident.

Staff demonstrated that they understood the risks faced by the consumers they provided care and services too. They described the incident management system and their responsibility to report care issues to registered nursing staff.

The service’s comments and complaints documentation demonstrated that the service had responded to concerns raised by representatives in a timely manner. The Assessment Team viewed the complaints and feedback register which contained several complaints relating to hygiene and continence. The Team noted that where a complaint was raised involving staff practice, management had discussed the concern with the staff member or staff responsible and counselled the staff on their actions. The Assessment Team sighted communication from management reinforcing the organisation’s expectations in relation to care and service delivery.

The Approved Provider submitted a response to the Assessment Contact Report received on 6 January 2021. The response provided detail relating to a specific consumer and evidence that the service had introduced improvements to documentation and procedures relating to wound and pressure area care.

I have considered the Assessment Team’s Report and the submission from the Approved Provider and find that the service is Compliant in this Requirement.

# 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.