Performance

Report

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| Name of service: | Ardrossan Community Hostel |
| Service address: | 37 Fifth Street ARDROSSAN SA 5571 |
| Commission ID: | 6111 |
| Approved provider: | Ardrossan Community Hospital Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 July 2023 |
| Performance report date: | 23 August 2023 |

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 Ardrossan Community Hostel (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the 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, staff and management;
* the provider’s response to the Assessment Contact report received 1 August 2023 accepting the Assessment Team’s recommendation; and
* A Performance Report dated 15 March 2023 for an Assessment Contact undertaken on 1 February 2023.

# Assessment summary

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| 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.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(e) was found non-compliant following an Assessment Contact undertaken on 1 February 2023 where the clinical governance framework was found to not be effective in enabling improvements to the delivery of clinical care to be identified and actioned. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, implemented improved safety and quality reports which contain information on restrictive practices, infections, complaints, staffing and incidents; created a psychotropic register which includes all consumers on psychotropic medications and if it is considered a restrictive practice; and provided training to staff on antimicrobial stewardship.

At the Assessment Contact undertaken on the 19 July 2023, the organisation was found to have a clinical governance framework, which is currently under review, which outlines the responsibility for all members of the organisation in relation to providing care and services to consumers. The clinical governance framework is inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure and staff interviewed were aware of their obligations relating to these aspects of the framework and confirmed they had completed recent related training. Safety and quality reports are reported to the Board on a monthly basis and include information on a range of indicators, such as the number of consumers subject to restrictive practice, and infection trending and pathology undertaken, with the data used to identify improvements. Further improvement opportunities are identified through auditing processes which cover a range of items, such as infection control, governance, cleaning and clinical care documentation. Where deficits are identified, action items are initiated to minimise associated risks.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance compliant.

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