Performance

Report

**1800 951 822**

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| Name: | St Francis Hostel |
| Commission ID: | 7152 |
| Address: | 678 North Beach Road, GWELUP, Western Australia, 6018 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 May 2024 |
| Performance report date: | 29 May 2024 |
| Service included in this assessment: | Provider: 683 Mt La Verna Retirement Village Inc  Service: 4680 St Francis Hostel |

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 St Francis 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.

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 assessment contact (performance assessment) – site, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* a performance report dated 14 November 2023 for an assessment contact undertaken on the 9 October 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 8 Organisational governance | Not Fully 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 in October 2023 as the clinical governance framework was not effective in relation to minimising restraint, specifically chemical and mechanical. The assessment team’s report includes a range of actions the provider has implemented in response to the non-compliance, including, but not limited to, reviewing policies and procedures to support staff to manage restrictive practices in line with current legislation; designating responsibility for maintaining and monitoring restrictive practices; creating a psychotropic register which clearly identifies consumers being administered medications to manage behaviours as being subject to chemical restrictive practice; and providing education to staff on restrictive practices.

At the assessment contact in May 2024, an effective clinical governance framework to support the delivery of care and services for consumers was demonstrated. The service’s workforce structure and systems ensure clinical staff are supported to deliver evidence based, best practice care. Audits are conducted and data is collected and analysed to inform improvements in clinical care and service delivery.

Care and clinical staff understand restrictive practices, the intent of minimising restrictive practices and of using behaviour support care plan information for mitigations and other support mechanisms to reduce use of restrictive practices. They understand the relevant legislative requirements and the necessity of continual review of consumers subject to restrictive practices. Representatives interviewed are satisfied with the processes in place to inform them about the use of restrictive practices, to obtain their informed consent for use, and to monitor and minimise the use of restrictive practices, when appropriate.

There are stand-alone policies and procedures for antimicrobial stewardship and open disclosure, with the antimicrobial stewardship policy emphasising continual consideration of strategies to ‘limit development of antimicrobial resistance’ through various measures and the open disclosure policy detailing the importance of open disclosure and using this process to assist in providing improvements for overall future care and services. Clinical staff described their responsibilities in relation to antimicrobial stewardship, including the increased focus on signs and symptoms of infection and the need to obtain specimens for pathology testing prior to antibiotics being prescribed. Staff said, and documentation and representatives confirmed, the use of open disclosure is standard practice when negative events occur.

Based on the assessment team’s report, 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)