Osboine Contemporary Aged Care

Performance Report

39 Newton Street   
BAYSWATER WA 6053  
Phone number: 08 9272 9227

**Commission ID:** 7274

**Provider name:** Alinea Inc.

**Assessment Contact - Site date:** 14 July 2020

**Date of Performance Report:** 4 September 2020

# 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(d) | 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 Approved Provider did not submit a response to the Assessment Team’s report.

# STANDARD 3 COMPLIANT 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 assessed Standard 3 Requirement (3)(a) as part of this Assessment Contact visit. No other Requirements from this Standard were assessed.

The Assessment Team have recommended this Requirement is met. Based on the Assessment Team’s report I find this Requirement compliant. The reasons for my decision are detailed under the specific Requirement below.

### 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.*

This requirement was found non-complaint following an Assessment Contact visit on 7 January 2020 with concerns identified in relation to the identification of wounds, pressure area care and management of challenging behaviour. Since that time the service has taken the following action to address these concerns:

* Weekly meetings occur with the standing agenda including discussion about pressure injury and risk management.
* The clinical structure has been reviewed to provide additional clinical support to the clinical care manager.
* An additional lifestyle plan was developed for all consumers to meet needs associated with diagnoses of advanced dementia or challenging behaviours. For further details see Standard 8 below.

The Assessment Team found the organisation’s policies and procedures reflect best practice for delivering personal and clinical care. The service demonstrated it acts in response to negative feedback from consumers or representatives in relation to personal and clinical care needs not meeting consumers’ needs.

The Assessment Team interviewed staff and management, reviewed relevant documentation and conducted consumer/representative interviews in relation to the consumers identified in the Assessment Contact visit on 7 January 2020. The Assessment Team found all consumers receive or had received personal and clinical care that is best practice and tailored to consumer needs since that time.

During interviews with the Assessment Team staff reported consumers’ care plans, handover information, observations and day-to-day communication with consumers are sources of information about their specific needs and preferences. Care staff described how they: provide pressure area care; assist nursing staff in identification of pain; recognise signs of dysphagia; and prevent escalation of aggressive behaviour. Care staff confirmed they are provided with regular training delivered by relevant health professionals, and the care plans are written by the registered nursing staff. Management advised the service has permanent physiotherapy and occupational therapy staff who conduct mobility, pain and post fall assessments, and create individualised exercise programmes for consumers.

The Assessment Team observed best practice resources available for staff in the nursing station and on the noticeboards throughout the service. The Assessment Team observed staff assisting consumers with their meals and drinks in the dining room. Staff were observed providing assistance in a kind and caring manner, maintaining eye contact, smiling to consumers and communicating respectfully.

The Assessment Team reviewed evidence of a process in place, including regular audits and analysis of clinical indicators to monitor compliance with this Requirement.

For the reasons detailed above I find the service complaint with Standard 3 Requirement (3)(a).

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Standard 8 Requirement (3)(d) as part of this Assessment Contact visit. No other Requirements from this Standard were assessed.

The Assessment Team have recommended this Requirement is met. Based on the Assessment Team’s report I find this Requirement compliant. The reasons for my decision are detailed under the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

This Requirement was found non-compliant following an Assessment Contact visit on 7 January 2020. The Assessment Team identified gaps in behaviour management, staff not evaluating the effectiveness of their interventions and not analysing clinical incidents to improve performance. Since that time the service has taken the following action to address the identified concerns:

* Completed an external environmental audit of the memory support secure wing (Gillon) to identify opportunities for improvement, including providing extra support from lifestyle staff in the afternoons.
* Reviewed the lifestyle program and included more individualised activities for consumers, with a focus on consumers in the memory support wing.
* Allocated additional lifestyle assistant hours to the memory support wing each afternoon from 3.30pm to 6.00pm to provide support for care staff managing consumers with challenging behaviours.
* Appointed a dedicated educator to provide training sessions for all staff as required. Training sessions about mandatory reporting, pressure injuries and behaviour management have been completed and evidence of this reviewed.
* Developed a flow chart to guide staff in the management, treatment and prevention of pressure injuries and provided training to staff about how to use the chart.
* Reviewed the structure of clinical leadership. Additional clinical staff have been recruited and there is now more oversight at the clinical management level.

Documentation reviewed by the Assessment Team confirms staff are evaluating the effectiveness of care to minimise risk to consumers to ensure it is appropriate.

During interviews with the Assessment Team lifestyle staff described how their program has been reviewed to include therapy assistant support in Gillon House to assist care and clinical staff. Lifestyle staff described how the lifestyle program for Gillon House had recently been reviewed to include more one-on-one and individualised activities rather than having larger groups. Staff said this has supported consumers with behaviours as they are able to participate in meaningful activities. Care staff described how they manage the behaviours of specific consumers, including one-on-one support and redirection, when they display physical aggression or agitation.

The Assessment Team observed therapy staff engaging with consumers in Gillon House during the assessment contact visit, including one-on-one activities throughout the day, and assisting care staff during the afternoon.

The Assessment Team reviewed evidence of a process in place, including regular audits and analysis of clinical indicators to monitor compliance with this Requirement. Board meeting minutes confirm this information is presented to the board monthly.

For the reasons detailed above I find the service complaint with Standard 8 Requirement (3)(d).

# 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.