Performance

Report

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| Name: | Osboine Contemporary Aged Care |
| Commission ID: | 7274 |
| Address: | 39 Newton Street, BAYSWATER, Western Australia, 6053 |
| Activity type: | Site Audit |
| Activity date: | 17 September 2024 to 19 September 2024 |
| Performance report date: | 24 October 2024 |
| Service included in this assessment: | Provider: 2228 ALINEA INC.  Service: 5605 Osboine Contemporary Aged Care |

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 Osboine Contemporary Aged Care (**the service**) has been prepared by R Falco, 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 site audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers and representatives.

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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Care plans showed consumers’ life stories are detailed with their background and cultural information documented. Care staff knew consumers well and described what was important to them. Consumers and representatives said they are treated with dignity and respect and consumers said their identity and culture was valued.

Consultation is undertaken with each consumer and representative to provide care and services in a culturally safe way. Staff are aware and respectful of the different consumer backgrounds and consider this in the delivery of care. Consumers and representatives said consumers feel safe within the service and their culture and background are respected.

Consumers are supported to exercise choice and independence in relation to their care and how services are delivered. Consumers can set their own routine including, but not limited to when they wish to shower, what they like to eat, the activities they attend, and who should be involved in decisions about their care. Observations showed family and friends visiting consumers with staff making them feel welcome and communicating with them.

Policies and procedures are in place to support consumers to take risks to enable them to live their lives as they choose. Risk enablement forms are completed and documented in the consumer care plans for consumers who wish to take risks. Documentation showed all the relevant risks, assessments, and mitigation strategies were recorded. Consumers said they are supported to take risks.

Current information about care and services, lifestyle activities and other events is provided to consumers to enable them to exercise choice. A variety of methods are used to ensure information is communicated clearly and when needed. Consumers and representatives interviewed stated information regarding services is available to them via poster boards, and the menu is available on the monitors in the dining rooms.

Paper-based information is stored securely and information on the electronic system is password protected and set up so that staff can only access information relevant to their role. Staff provided training in privacy and confidentiality at induction and the organisation’s privacy policy and procedures guide staff with the principals. Consumers said staff respect their privacy, seek consent before entering their room, and are confident staff maintain their privacy.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Assessments and care plans consider risks to consumers’ health and wellbeing. Documentation showed all consumers are assessed on entry to the service and a care plan is developed to ensure the delivery of safe and effective care and services. Staff described how care plans guide them when providing care to consumers. Consumers and representatives said they were satisfied with the care consumers were receiving.

Systems and processes are in place to support consumer-centred assessments and care planning. Care planning documentation reviewed included consumer preferences and current care needs, including the things and the people important to them to maintain their well-being, and end of life wishes. Management stated consumers’ goals and preferences are discussed including advance health care directives. Consumers and representatives said consumers are asked about end of life wishes, goals and preferences during the admission process and at care conferences.

Documentation showed other organisations or individuals are involved in the care of the consumer. Clinical staff described how consumers and representatives participate and make contributions to their assessments and care planning on admission and on an ongoing basis. Management said clinical staff communicate with consumers and representatives, and provide updates post medical officer visits and when external referrals are required or completed. Consumers and representatives said they were happy with their input during the care planning process.

Outcomes of assessment and planning are communicated to consumers and are readily available to consumers, representatives, and staff. Care plans are available on the electronic care management system and staff can access consumer care plans using handheld electronic devices and desktop computers. Management said care plans are discussed on admission, during care conferences, and an ongoing basis. Consumers and representatives interviewed stated they either had seen a copy of the care plan, or the service had discussed care and services with them.

Documentation showed care plans are reviewed annually, as clinically indicated, or when an incident has occurred. Staff described the care plan review process which is undertaken annually, after an incident, or as clinically indicated. Clinical staff advised when a change to a consumer’s health status is identified, they will assess the consumer, document any changes required in the care plan, and communicate to staff at handovers and huddles. Consumers and representatives said the service communicates with consumers whenever there are changes to care.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers receive safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. Staff described how they ensure consumers are receiving care that is in line with their individual care needs. Consumers and representatives were satisfied consumers receive personal and clinical care that supports their health and well-being.

High impact and high prevalence risks associated with the care of each consumer are effectively managed. Best practice guidelines are followed and measures to mitigate the level of risk to the consumer, whilst supporting their independence, are applied. Systems are in place to guide staff practice ensuring consumers personal and clinical care is reviewed, responded to in a manner, and is appropriate and timely to their care needs. Staff described how they identify, assess and manage high-impact or high prevalence risks when delivering personal and clinical care. Consumers and representatives felt staff provide care that is safe and right for consumers.

Seven consumers sampled had advanced health care directives in place. Staff described how they support consumers during end of life ensuring their pain is managed effectively with the input of medical officers and external specialist organisations. Consumers and representatives said they felt confident consumers would be socially and culturally supported and be pain free during end of life.

Deterioration or change in consumers’ health status is recognised and responded to in a timely manner. Policies and procedures are in place to guide staff on how to recognise and respond to deterioration. Staff described signs and symptoms of clinical deterioration and how they respond to deterioration in consumers’ health. Consumers and representatives said they were confident staff knew them well and would be able to pick up any changes in their condition.

Documentation showed communication relating to consumers’ condition, needs and preferences was occurring both internally and externally of the organisation. Staff described how information about consumers is shared via handovers, progress notes and through care plans. Consumers and representatives said staff know consumers and their needs and preferences.

Documentation and staff interviews confirmed the service has processes in place for consumers to be referred to other organisations, individuals, and other providers in a timely manner. Staff described the referral process and provided examples of referrals to external providers and specialist reviews. Consumers and representatives said the service refers them internally and to other organisations when their personal or clinical care changes.

Processes are in place to minimise the risk of infections to consumers and standard precautions are used to prevent and control infections. Appropriate antibiotic prescribing is used to reduce the risk of antibiotic resistance and clinical staff described the process they follow to reduce the risk of increasing resistance to antibiotics. Consumers and representatives interviewed were satisfied with the measures in place to minimise the spread of Covid 19 and other infections.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers are supported to live the best life they can safely and optimally. Consumers and representatives said they are satisfied in the way the service supports their goals and preferences, and they feel independent.

Supports are in place to promote consumers’ emotional, spiritual and psychological well-being. Staff demonstrated they are aware of individual consumer’s needs in relation to emotional, spiritual and psychological wellbeing. Documentation showed consumers have a personal profile which includes identifying consumers who take comfort in attending spiritual/religious services. Consumers and representatives stated staff provide support to maintain their spiritual, psychological and emotional wellbeing.

Consumers participate in the community within and outside the service environment and they are supported to maintain relationships which are important to them. Consumers are supported to do things of interest to them and staff described what activities consumers prefer. Observations showed activities happening throughout the audit such as, bingo, a seated ball exercise, outdoor socialising and consumers going out on a bus trip. Consumers felt the service has plenty of activities to attend.

Processes are in place to ensure information about consumers’ condition, needs and preferences are communicated within the organisation and with others where responsibility is shared. Staff stated information about consumers’ daily living supports are documented in electronic care plans and are discussed at multidisciplinary staff meetings and handovers. Documentation confirmed daily living support needs of consumers were recorded and discussed.

Documentation showed referrals are made to other organisations and other providers of care and services. A physiotherapist and occupational therapist are based on site and receive referrals electronically and verbally from handovers and team meetings/huddles.

Consumers are provided a variety of meals and observations showed meals were served in accordance with their texture modified dietary requirements. Staff were observed to be patient, kind and caring when providing assistance to consumers who required it. Documentation showed the service holds food focus meetings and feedback is requested to determine consumers likes and dislikes. Consumers and representatives stated they were happy with the meals provided to consumers.

The service demonstrated equipment is safe suitable and well maintained. Mobility and transfer equipment is assessed and recommended by physiotherapists and or occupational therapist and adjusted, as necessary. Staff explained they have access to the essential equipment they require to assist consumers and described the importance of cleaning after each use. Consumers said they are satisfied with the equipment provided to assist them with daily living.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives interviewed were complimentary of the service, commenting the service is welcoming and staff are nice and supportive of consumers’ choices. The service environment supported consumers’ independence to move throughout the service and provided outdoor areas for activities and private events. Consumers and representatives said they were happy with their room and the ability to personalise their room with pictures, ornaments and furniture.

The service demonstrated the service environment is safe, clean, well maintained and comfortable. Consumers advised they can manage the lighting, fresh air and temperature in their rooms. Staff described how they assist consumers who cannot mobilise on their own to access areas they choose to and organise structured activities to utilise outdoor areas. Consumers and representatives felt the service was clean, well maintained and staff respond quickly if equipment is not working.

Processes are in place to ensure there is regular maintenance and cleaning throughout the service. Maintenance officers monitor the daily maintenance requests to address any maintenance issues and complete their preventative maintenance schedule routine. Consumers and representatives described how they report any maintenance concerns and said maintenance requests were attended to in a timely manner.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised they are supported to provide feedback and complaints. Feedback forms were observed in the foyer and at various locations throughout the service with a receptacle in the foyer to submit completed forms. Posters were displayed on notice boards with information how to report complaints to the Commission. In addition, the service’s newsletter promoted the opportunity for consumers and representatives to submit feedback and complaints.

Information is provided to consumers and representatives on external advocacy services and language services to support the reporting and resolving of complaints. Observations showed advocacy brochures and cards in reception of the service and located in admission packs for consumers.

Staff and management described open disclosure and provided examples of where it had been used. Policies and procedures are in place to guide staff in relation to complaints and open disclosure. Consumers and representatives said they are satisfied when issues are raised, staff and management respond appropriately using open disclosure.

Management said feedback and complaints are analysed regularly with improvements added to the continuous improvement plan to improve care and services. Processes are in place to report to the governing body’s to ensure feedback is actioned appropriately. The plan of continuous improvement showed it included regular feedback from consumers that resulted in improvements. Consumers and representatives interviewed were satisfied complaints and feedback are used to improve the quality of care and services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated they had no unfilled shifts, and the mix of workforce deployed delivered safe and quality care and services. Staff said they felt there was adequate staff and did not feel rushed in attending to consumers. Consumers and representatives stated there are adequate numbers of staff to meet consumers’ needs and assist them promptly, including when using the call bell.

Workforce interactions with consumers are kind and caring, and respectful of each consumer’s identity, culture and diversity. Observations showed staff interacting with consumers and their families in a kind and respectful manner. Consumers and representatives interviewed stated their satisfaction with the services staff provide.

Systems are in place to ensure staff have appropriate skills, knowledge, and qualifications to perform their role effectively. The organisation has a structured orientation program consisting of core mandatory training which is reviewed annually. Staff competency is also monitored through direct observations, buddy shifts, feedback and complaints, incidents, and performance appraisals. Consumers said staff are competent and they know what they are doing.

Staff said they attend regular training sessions and are encouraged to participate in further training opportunities. A scheduled mandatory training program commences at orientation and is delivered on an ongoing basis. Consumers and representatives interviewed said they have confidence in the ability of staff who deliver consumers’ care and services.

Regular assessments are undertaken to review the performance of each member of the workforce. Staff performance appraisals are done directly after the probationary period and then every two years. When an issue is identified by observations, feedback, or complaints, performance meetings are held as required. Management analyses the information collected from performance appraisals to determine training needs and identify gaps in the delivery of care and services.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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

Consumers are encouraged and supported to engage and contribute to evaluations of care and services. Management described how consumers are involved in improving care and services by providing feedback through feedback systems, attending quarterly resident relative meetings and surveys. Documentation showed consumers are actively engaging with the service and making suggestions about the care and services they receive including contributing to changes in meals through quarterly food forum meetings. Consumers and representatives said they can engage with management and staff regarding delivery and evaluation of care and services, and the engagements were done face to face, through surveys and resident relative meetings.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for its delivery. Systems are in place to collect and analyse clinical data and risks, and provide this information to the quality care advisory committee which in turn reports to the board. Policies and procedures are in place to guide staff and ensure quality care and services. Consumers and representatives said they felt the service was being run well and they were satisfied with the care and service provided.

Effective organisational wide governance systems are in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. An electronic care management system is password protected and staff have access to the system at levels relevant to their roles. The continuous improvement system uses data from feedback, complaints, clinical audits, clinical indicators and incident reports to identify areas of improvement. Each service has an operational budget in place, service management have a limit on the expenditure they can authorise. Documentation showed all roles have specific job descriptions listing clear responsibilities and accountabilities. Changes to legislation and regulations are monitored and policies and procedures are in place to guide staff in supporting consumers to provide feedback. A review of feedback and complaints documentation, the service’s plan for continuous improvement, and discussions with management provided examples and confirmed feedback is used to drive continuous improvement.

Risk management systems are in place, including management of high impact or high prevalence risks, identification and response to abuse and neglect and supporting consumers to live the best life they can. Staff described their responsibilities when investigating and recording any change or instances of harm or abuse and documentation showed incidents were reported appropriately. Documentation showed risk data is analysed, and reports are created which are discussed at monthly clinical risk and clinical governance committee meetings. Consumers said the organisation promptly responds to changes about harm or abuse.

Clinical care provided is governed by a clinical governance framework, including but not limited to, antimicrobial stewardship, minimising the use of restraints and the use of open disclosure. An antimicrobial stewardship policy is in place and ensures where possible, specimens are collected to ensure correct antibiotics are prescribed after receiving laboratory results. A current restrictive practice register, policies, and procedures, guides staff in the responsible use of restrictive practice and reflects current legislative and regulatory requirements.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)