Performance

Report

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| Name: | Osboine Contemporary Aged Care |
| Commission ID: | 7274 |
| Address: | 39 Newton Street, BAYSWATER, Western Australia, 6053 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 July 2024 |
| Performance report date: | 5 August 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 T Wilson, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.
* the provider did not submit a response.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 7** Human resources | **Not fully assessed** |
| **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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

As not all Requirements have been assessed the overall rating for this Quality Standard is not applicable.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to consumer care including, unplanned weight loss, pressure injuries, falls, and restrictive practices. Observations of sampled consumers demonstrated mitigation strategies described in care documentation had been implemented and consumers and representatives expressed satisfaction with how consumers’ health conditions and risks are managed.

Based on information in the assessment team’s report, I find Requirement (3)(b) in Standard 3 Personal and clinical care compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

As not all Requirements have been assessed the overall rating for this Quality Standard is not applicable.

Consumers and representatives felt staff were competent and had the skills and knowledge to effectively perform their roles. Staff described undertaking training and competencies and are confident they have the skills and knowledge to perform their roles. Care documentation confirmed staff competence in undertaking routine monitoring of consumers and recognising and responding to changes in their condition. Systems and processes are in place to monitor staff competence and qualifications, with quality indicators and feedback and complaints analysed to identify, monitor and address issues regarding staff competence.

Based on the information in the assessment team’s report, I find Requirement (3)(c) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

As not all Requirements have been assessed the overall rating for this Quality Standard is not applicable.

Clinical risks, including high impact and high prevalence risks associated with consumers care are identified and trended through clinical governance, clinical risk and multidisciplinary meetings. Vulnerable consumers are identified using a traffic light model, with processes to ensure appropriate action and monitoring is undertaken. Processes are in place to enable consumers to live the best life they can, including undertaking a risk assessment in consultation with consumers and implementing risk mitigation strategies. An incident management system is in place with processes to ensure ongoing trending and analysis of incidents occurs to minimise the risk of further incidents. The incident management system includes the identification and external reporting of consumer incidents, including abuse and neglect, under the Serious Incident Response Scheme (SIRS) in line with legislative requirements. Staff and training records confirmed training in relation to recognising and responding to abuse and neglect is undertaken.

Based on information in the assessment team’s report, I find Requirement (3)(d) 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)