Performance

Report

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| Name of service: | Osboine Contemporary Aged Care |
| Service address: | 39 Newton Street BAYSWATER WA 6053 |
| Commission ID: | 7274 |
| Approved provider: | Alinea Inc. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 September 2022 |
| Performance report date: | 4 November 2022 |

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 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response to the Assessment Team’s report received 18 October 2022; and
* a Performance Report dated 8 February 2022 for a Site Audit undertaken from 14 November 2021 to 16 November 2021.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to identify and escalate changes to consumers’ skin integrity and wounds and initiate referrals in a timely manner.
* Ensure policies, procedures and guidelines in relation to skin care and wound management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to skin care and wound management.

# Other relevant matters:

In relation to Standard 3 Requirement (3)(a), I would encourage the service to review assessment, monitoring and review processes associated with use of restrictive practices.

# 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. | Non-compliant |

Findings

Requirement (3)(b) was found Non-compliant following a Site Audit undertaken from 14 November 2021 to 16 November 2021 where it was found the service was unable to demonstrate high impact or high prevalence risks, specifically in relation to behaviour management for two consumers, were effectively managed. While the Assessment Team’s report outlined actions to address the non-compliance, none of the actions had been implemented. Actions included implementation of a weekly clinical crossover meeting which has not yet commenced; setting up a clinical risk register, however, consumer risks are still to be recorded; and the availability of a staff educator to mentor clinical staff, specifically with wound care, with the first visit scheduled the day after the Assessment Contact visit.

At the Assessment Contact visit conducted on 29 September 2022, the Assessment Team were not satisfied the service demonstrated effective wound care, including timely referral to specialist services or effective consent, documentation and monitoring processes relating to restrictive practices. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* A wound was noted to have deteriorated and increased in size two days following identification in August 2022. Ten and 18 days following identification, the wound continued to increase in size and deteriorate. A referral to a Wound specialist was not initiated until almost three weeks following the initial deterioration and increase in size and queried whether a tendon was now exposed.
* Progress notes indicate when the Wound specialist attended, the wound was dry and there were no signs of infection. The specialist did not view the wound, rather reviewed a photograph of the wound. The service did not provide accurate information to the specialist to enable wound assessment.
* Due to ongoing concerns, a further referral to the Wound specialist was initiated, a month following identification of a stage 3 wound. The review queried dead tissue on the tendon.

Consumer B

* The service did not demonstrate use of a psychotropic medication was as a last resort; alternative strategies had been trialled and commenced prior to considering a restrictive practice; the medication had been used in the least restrictive form and for the shortest time needed; the consumer or nominated representative had given informed consent for the use; the required documentation for use of a restrictive practice had been completed; and use had been monitored and regularly reviewed.
* A hospital discharge letter dated February 2022 indicated the consumer had commenced on a regular psychotropic medication. The medication is being administered twice a day. Staff confirmed they had not considered restrictive practice consent or documentation, and had not charted or reviewed the consumer’s behaviour for six months. In September 2022, staff recorded the consumer had no behaviours of concern and takes medications as charted.
* In July 2022, General practitioner notes indicate that the medication is for hallucinations and that the consumer settles with the medication and in August 2022 that a psychotropic medication review is required and the consumer is stable at present.

The provider’s response included commentary, directly relating to the evidence in the Assessment Team’s report, and supporting documentation. Additionally, the provider’s response included actions, completed and ongoing, to address the deficits identified. The provider’s response included, but was not limited to:

* In relation to Consumer A, a referral was required two days after identification, however, the wound was being managed by the General practitioner throughout the period before review by the Wound specialist.
* The wound management procedure has been reviewed, a private Wound consultant is being sourced and wound management education, including a workshop, is scheduled for October 2022.
* In relation to Consumer B, a family conference has been undertaken to discuss the use of the medication and a consent form completed. Progress notes were provided to demonstrate the General practitioner regularly reviews the medication, however, only the notation for August 2022, highlighted in the Assessment Team’s report, was provided.

I acknowledge the provider’s response. However, I find at the time of the Assessment Contact, the service did not demonstrate effective management of high impact or high prevalence risks, specifically in relation to Consumer A’s wound.

I acknowledge the provider’s response indicating Consumer A’s wound was being monitored by the General practitioner. However, in coming to my finding, I have considered that while Consumer A’s wound was noted to have deteriorated two days after identification, and continued to deteriorate for up to 18 days after identification, review by a Wound specialist was not sought for approximately three weeks after deterioration was identified and indicated a tendon was exposed. I have also considered that the service did not ensure appropriate review of the wound was undertaken by the Wound specialist, with a photograph and not the actual wound being viewed. I find that this did not ensure an accurate assessment of the wound was undertaken to enable a tailored treatment plan, aimed at preventing further deterioration and aid healing was implemented. As a result, a further Wound specialist review was sought a month later, at which time dead tendon tissue was queried.

In relation to Consumer B, I find the evidence presented does not indicate the consumer’s behaviours were not managed or that they impacted other consumers, in line with the intent of Requirement (3)(b). As such, I find the evidence presented aligns with Requirement (3)(a) in Standard 3. I have considered that the medication was prescribed while the consumer was in hospital and has continued to be administered on a regular basis since entry to the service. However, there was no evidence to indicate that the risks associated with use of the medication had been discussed with the consumer or representative since entry or consent obtained, behaviours had not been charted or reviewed for approximately six months and while General practitioner notations indicated that a psychotropic medication review was required, there was no evidence to indicate regular review and monitoring of the medication had occurred. As such, I would encourage the service to review assessment, monitoring and review processes associated with use of restrictive practices.

For the reasons detailed above, I find Requirement (3)(b) in Standard 3 Personal care and clinical care Non-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)