Performance

Report

**1800 951 822**

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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: | 24 July 2023 |
| Performance report date: | 23 August 2023 |

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.

# 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; and
* a Performance Report dated 4 November 2022 for an Assessment Contact undertaken 29 September 2022.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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 |
| 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 |

Findings

Requirement (3)(b) was found non-compliant following an Assessment Contact undertaken on the 29 September 2022 where effective management of high impact or high prevalence risks, specifically in relation one consumer’s wound, was not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, developed and implemented a clinical risk and care matrix that is updated monthly and discussed at clinical risk meetings; provided training to staff on wound management; and review of consumer wounds weekly by the clinical manager to support nursing staff.

At the Assessment Contact undertaken on 24 July 2023, high impact or high prevalence risks were found to be identified and management strategies 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 management of risks related to weight loss, wounds, behaviours and restrictive practices, and evidenced involvement of General practitioners and Allied health specialists in consumers’ care. Staff said they have received education to support them in identifying and managing consumer risks and there are organisational policies to guide staff practice. Consumers and representatives said consumers’ care is safe and right for them and expressed satisfaction with management of specific aspects of care, including weight loss, oedema and behaviours.

In relation to requirements (3)(d) and (3)(e), care files sampled demonstrated appropriate and timely actions had been taken in response to changes in consumers’ condition, including referral to General practitioners and/or Allied health specialists, and implementation of resulting recommendations. Staff described changes they observe for in consumers and provided examples of where they had responded. Management provided examples of education provided to staff, including wound care, and consumers who are experiencing deterioration, and there are organisational policies to guide staff practice. Consumers and representatives were confident staff would pick up a change in consumers’ condition and will know what to do in response.

Care files demonstrated active communication with others, both internally and externally. Internal and external health specialists have access to and record their findings in care files, including updating assessments and care plans. Documents, such as hospital discharge letters and pathology results are also uploaded into care files. Staff said they receive information about consumers from handover, consumer’s care records and from toolboxes and daily huddles. Three representatives said the service maintains regular and open communication and provides information about consumers. They felt grateful as staff always call them to update and inform them of any changes with consumers.

For the reasons detailed above, I find requirements (3)(b), (3)(d) and (3)(e) in Standard 3 Personal care and clinical care 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 |

Findings

There are processes and systems to ensure the number and mix of the workforce is sufficient to enable the delivery and management of safe and quality care and services. A master roster is maintained and is regularly reviewed to ensure care minutes and any changes to consumers’ needs are met. There are processes for planned and unplanned leave. Feedback from staff, consumers and representatives about workforce number and mix is sought and a number of improvements have been made over the past six months based on this feedback. Staff from various disciplines said there were enough staff available to meet the needs of consumers and they have enough time to do their job. Staff were observed assisting consumers with activities of daily living in a calm and unrushed manner, call bells were attended to in a timely manner, and a suitable number of therapy assistants were available to provide group and one on one support. Consumers and representatives said there were enough staff, care and services are unrushed and consumers do not have to wait a long time for their call bell to be answered.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources 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)