Columbia Aged Care Services - Oberon Village

Performance Report

115 Albion St   
OBERON NSW 2787  
Phone number: 02 6339 1000

**Commission ID:** 1022

**Provider name:** Columbia Nursing Homes Pty Ltd

**Assessment Contact - Site date:** 15 July 2020

**Date of Performance Report:** 12 August 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| 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.
* the provider’s response to the Assessment Contact - Site report received 29 July 2020.
* Complaints Resolution Group referral received 5 August 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team identified systemic improvements across assessment and planning identifying and addressing the consumer’s current needs, goals and preferences. Interviews with consumers, representatives and review of care planning documentation demonstrated advance care and end of life planning conversations were held, and consumer and family wishes were documented and reviewed as needed.

The service has a schedule to review care plans every three months and when a consumer’s condition or needs change. The service also has a resident of the day process and progress note schedule to assist in regular review, assessment and response to changes or incidents that impact on the needs, goals or preferences of the consumer. For the care plans, assessments and progress notes reviewed, most demonstrate that meaningful reviews have been conducted regularly or in response to change.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Compliant

*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.*

The Assessment Team provided information that for the consumers sampled, all care planning documents were found to include information detailing specific needs, goals and preferences of each consumer.

When staff were asked about specific consumers most were able to talk about how the consumers personal and clinical care is delivered, including their needs, goals and preferences.

The service includes advance care planning information in the admission pack that is provided to the consumer and/or their representative when admitted to the service.

I have considered the information provided by the Assessment Team and I find this Requirement compliant.

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team provided information that for the consumers sampled, most care plans demonstrate evidence of review on a three-month basis and when circumstances change, or when incidents occur.

For the consumer’s and representatives sampled, all said they have been involved in decision making and planning of care needs. For the consumers sampled, staff could describe how and when care plans are reviewed and how regularly a review occurs.

The service has a resident of the day process that aims to review the consumers’ current needs, goals and preferences. The review includes vital signs, weight, urine analysis, assessments and head to toe check. The service has a checklist that identifies the task and person responsible to ensure consistent review, documentation and escalation.

I have considered the information provided by the Assessment Team and I find this Requirement compliant.

# STANDARD 3 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 provided information that the service demonstrated improvements to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team provided information that the service demonstrated improvements to effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team acknowledge improvements have been implemented in fall risk identification, management and follow up post falls with positive outcomes for consumers. While the service demonstrates improvements to pain management, behaviour management and medication management. While most consumers/representatives said they are satisfied with care and services provided, one representative felt staff did not listen to their instruction on what is best care for their consumer.

However, the Assessment Team identified gaps in the monitoring of psychotropic medication, behaviour incidents and wound documentation.

For a named consumer the Assessment Team identified that a “PRN” as necessary antipsychotic medication was provided once in the past 12 months. The consumer is prescribed the medication as both a regular dose and for “PRN” use. The Assessment Team identified that the use of the this medication as a chemical restraint is not recorded on the consumers care plan and there was no evidence of the medication being discussed with the consumers next of kin. No incident form was completed for the behaviour incident that required “PRN” medication administration. I also note that care planning documentation indicates assessment and monitoring for the consumers behaviour and falls risks. The consumers care plan indicated review by the Psychogeriatrician in January 2020 and specialist dementia services in April 2020. Recommended behaviour interventions are included in her care plan. Observations by the Assessment Team indicated staff interactions with the consumer were respectful and appropriately paced.

For another named consumer the Assessment Team identified that a current wound was not recorded on the care plan and there was inconsistent knowledge of the wound by staff interviewed. However, they also identified that the wound is being managed as per directives. The Assessment Team raised concerns around the practice of wound photography and measurement for this consumer.

For another named consumer the Assessment Team identified ongoing behaviours of concern. For this consumer it was not evident that potential triggers for the behaviours were being considered by the service, including pain, toileting, illness or the environment. The ongoing behaviours of concern have not been escalated by care or clinical staff as per the psychiatrists plan to monitor for any worsening/ relapse of psychosis and need for ongoing psychiatrist review. This consumers representative was not satisfied with the behaviour management being provided.

The Assessment team also identified inconsistencies in the documentation to support monitoring of high risk/high prevalence risks. This included one wound missing from a recent wound audit and a variance in reported use of psychotropic medication between a self-assessment conducted by the service (51%) and a pharmacy report (71%).

The Approved Provider provided a response that included clarifying information to some aspects of the Assessment Teams report.

In relation to the named consumer who was administered a dose of “PRN” antipsychotic medication. The Approved Provider asserts that this issue was reviewed during the audit with the Assessment Team including discussions for the medication to be ceased (which occurred during the audit), as it had only been used once in 12 months. The response did not address if an incident form was created for this incident. The response included a progress note extract that indicated the use of the medication was discussed with the consumers representative.

In relation to the consumer with a current wound, the Approved Provider response did not address if the care plan was current with the identified wound. The Approved Provider did include a response to the matter of wound photography and measurement. The Approved Provider indicated that they provided information to the Assessment Team during the audit that indicated the practices for wound management in use were contemporary and inline with current published guidelines.

In relation to the consumer with ongoing behaviours of concern, the Approved Provider did not include additional information in their response.

In relation to documentation to support monitoring of high risk/high prevalence risks the Approved Provider provided no further information on the internal auditing processes. The Approved Provider did provide additional information in relation to the discrepancy between the numbers of consumers on psychotropic medication on two separate reports. The Approved Provider has used the Aged Care Quality and Safety Commission self-assessment tool for recording consumers receiving psychotropic medications. This tool has been used by the service to monitor particularly anti-psychotics and benzodiazepines and to monitor chemical restraint use. The Approved Provider contends that instructions on the use of the tool focus on the use of chemical restraint and anti-psychotics and benzodiazepines. The Approved Provider has achieved a 16% reduction in use of these medications since January 2020. The pharmacy report supplied to the service includes all classes of psychotropic medications including antiemetics and anticonvulsants and hence has a higher overall usage (71%) as opposed to medications being used a chemical restraint.

I have considered the Assessment Teams information as well as the Approved Providers response. I find that the Approved Provider is managing wound care in line with contemporary practice and has a process to monitor and reduce the use of chemical restraint. Whilst the Assessment Team identified that improvements had been made in relation to behaviour management, there is ongoing opportunity for the Approved Provider to monitor these improvements for their effectiveness.

I find this requirement Compliant.

# STANDARD 8 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 Organisation has made significant improvements to risk management systems and practices. The service demonstrates risk management systems and policies for identifying and responding to abuse and neglect of consumers and practices include supporting consumers to live the best life they can. Staff had been educated about the new policies and were able to provide examples of their relevance to their work.

The Assessment Team did not assess all requirements in this Standard and as such no overall rating for the Standard is provided.

## 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.*

The Assessment Team provided information that the organisation has made significant improvements to risk management systems and practices, however some discrepancies were identified in the clinical data and audit reporting, potentially affecting the management of high impact high prevalence risks associated with the care of each consumer and supporting consumers to live the best life they can.

The service demonstrates risk management systems and practices for identifying and responding to abuse and neglect of consumers and practices include supporting consumers to live the best life they can.

The organisation provided a documented risk management framework, including policies related Standard 2 and 3. As well as a new framework for risk, compliance and policy is in the project planning phase. This framework includes second monthly meetings with the Chief Executive Officer (CEO), General Manager of Operations (GMO), Facility Managers, Nurse Advisor and administration staff.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The Approved Provider provided a response that raised their concerns over the accuracy of the information in the Assessment Teams report. This related to the new framework for risk, compliance and policy and the membership of the committee for this. The Approved Provider asserts that the Assessment Team has not accurately described this process and included a copy of the agenda for the project set up meeting. The Approved Provider raised concerns that the inaccurate information would be used to inform upcoming visits.

I have considered the information provided by the Assessment team and the Approved Provider. I note the Assessment Team identified that significant improvements have been made to risk management systems, there are governance systems for managing risks around managing high impact and high prevalence risks to consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. It was also demonstrated that the organisation provided a documented risk management framework, including policies as outlined under Standard 2 and 3 and staff have been trained and demonstrated awareness of the new policies.

I note the deficits in the management of behaviours of concern as identified in Requirement 3(3)b, I find that this deficit is related to the management of one named consumer and this does not demonstrate a systemic deficit in organisational governance.

I find this requirement is compliant

# 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.