Accreditation Decision

**Decision not to revoke accreditation following review audit**

**Decision to vary period of accreditation following review audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Columbia Aged Care Services - Oberon Village |
| **RACS ID:** | 1022 |
| **Name of approved provider:** | Columbia Nursing Homes Pty Ltd |
| **Address details:** | 115 Albion St OBERON NSW 2787 |
| **Date of review audit:** | 15 October 2019 to 22 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 24 November 2019 | |
| **Decision made by**: | Parramatta office, Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. | |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.  To vary the period of accreditation under section 77(4)(a) of the Rules. | |
| **Varied period of accreditation:** | 24 November 2019 to 24 June 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Not Met |
| Requirement 1(3)(b) | | Not Met |
| Requirement 1(3)(c) | | Not Met |
| Requirement 1(3)(d) | | Not Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Not Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Not Met |
| Requirement 3(3)(f) | | Not Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Not Met |
| Requirement 4(3)(b) | | Not Met |
| Requirement 4(3)(c) | | Not Met |
| Requirement 4(3)(d) | | Not Met |
| Requirement 4(3)(e) | | Not Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Not Met |
| Requirement 6(3)(a) | | Not Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Not Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Not Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Not Met |
| Requirement 8(3)(b) | | Not Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 24 March 2020 | |
| **Revised plan for continuous improvement due:** | By 09 December 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

Review Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Review Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Review Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Columbia Aged Care Services - Oberon Village (the Service) conducted from 15 October 2019 to 22 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 13 |
| Consumer representatives | 5 |
| Facility services manager | 1 |
| Consultant | 1 |
| Registered nurses | 4 |
| Care staff | 5 |
| Hospitality and environmental services staff | 4 |
| Executive manager accommodation services | 1 |
| Group manager quality and continuous improvement | 1 |
| External contractors | 1 |
| Lifestyle staff | 1 |
| Visiting service providers such as allied health professionals | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team’s findings are that the organisation does not meet all six of the requirements under this Standard.

Some consumers and representatives interviewed said consumers are treated with dignity and respect and staff were generally observed being respectful and caring in their interactions with consumers. However, some observations and review of consumer’s care does not demonstrate that consumers are always treated with respect

Care and services are not culturally safe for consumers as their culture, related needs and special circumstances are not assessed and strategies to meet the needs are not planned or implemented. The service does capture information about the location of consumers’ birth however identification of their specific needs regarding their culture or their special needs is not captured or assessed.

Consumer assessment and care planning is not person-centred, and it was not demonstrated that consumer involvement is facilitated which means care plan goals do not reflect the individual consumer’s decisions. Management is not identifying whether consumers want their family, friends, carers or others involved in their care.

Assessment of risks to consumers is limited and management did not demonstrate a risk management approach in relation to the use of chemical restraint, bedrails or risks associated with activities of daily living or social engagement.

Consumer assessment and care planning is not person-centred, and it was not demonstrated that consumer involvement is facilitated which means care plan goals do not reflect the individual consumer’s decisions

Whilst the organisation has procedures in relation to undertaking risk assessments, there is not a focus on supporting consumers to undertake risks to enable them to the best life they can.

The organisation was not able to demonstrate that information being provided to each consumer is current and accurate and, in relation to the storage of consumers’ records and information, confidentiality has not been maintained.

#### Requirements:

##### **Standard 1 Requirement 3(a) Not Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Not Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Not Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Not Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team’s findings are that the organisation does not meet all five of the five requirements under this standard.

The organisation is unable to adequately demonstrate that assessment and planning addresses the risks to the consumer’s health and well-being and therefore consistently deliver safe care and services. Accurate assessment and reassessment of care needs does not routinely occur which has impact on the delivery of safe and effective care.

The organisation is unable to demonstrate that care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs of consumers.

The management team and staff did not demonstrate an understanding of the consumers’ needs and preferences in relation to the partnership with the consumer to address care needs. Most representatives were unaware of what is in the consumer’s care plan and consumers were not aware they had a care plan. Management did not demonstrate the consumer’s care plan is being made available to the consumer or their representative.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Not Met**

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.

##### **Standard 2 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team’s findings are that the organisation does not meet all seven of the seven requirements under this standard.

The organisation is unable to demonstrate that each consumer gets safe and effective clinical care that is best practice in relation to behaviour management and the use of psychotropic medication to manage behaviour which has had impact on the health and quality of life of consumers.

The organisation does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer in relation to psychotropic medications, change in nutritional status, pain management, managing delirium and minimising restrictive practices.

The organisation is unable to demonstrate that timely and appropriate referrals occur and, examples of when referrals are made, directives are not put in place and followed up appropriately.

Policy and procedure to promote appropriate antibiotic prescribing and use to support optimal care, and to reduce the risk of increasing resistance to antibiotics, has not yet been implemented. Management and staff lack understanding of antimicrobial stewardship and their role and responsibilities in relation to this.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Not Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Not Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **tandard 3 Requirement 3(g) Not Met**

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team’s findings are that the organisation does not meet five of the seven requirements under this standard.

It has not been demonstrated that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life.

Some consumers’ emotional and psychological well-being is not being optimised; their condition, needs and preferences are not being identified and communicated relating to this standard.

The organisation does not demonstrate that all consumers have supports to do things of interest to them. Whilst the organisation has a group activity program in place, there are limited opportunities for consumers who do not wish to, or cannot, participate in the group activity program. The service does not evaluate each consumer’s individual lifestyle program.

The organisation is not able to effectively demonstrate that information about the consumers’ needs and preferences is communicated within the organisation. Information in the care plans is general in nature and does not provide an individualised approach, including cultural needs, which would enable a care staff member who is not familiar with the consumer to provide appropriate assistance.

A review of consumers’ care and services records supports, that the need for timely and appropriate referrals to individuals, other organisations and providers of other care and services has not been identified for consumers and actioned in a timely manner.

It has been demonstrated that meals are varied and of suitable quality and quantity. The organisation demonstrates that equipment is provided, it is safe, suitable, clean and well maintained. The Assessment Team observed equipment readily available to staff throughout the visit.

#### Requirements:

##### **Standard 4 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Not Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Not Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Not Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Not Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team’s findings are that the organisation meets all three requirements under this standard.

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function and all consumers and representatives indicated that they are satisfied with the living environment.

Consumers and representatives indicated that they are satisfied with the cleanliness, safety, maintenance and comfort provided in the service.

The service environment was observed to be clean, well maintained, well-lit and of a comfortable temperature and consumers are able to freely move between the indoors and outdoors.

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team’s findings are that the organisation does not meet all four requirements under this standard.

The organisation provides limited and inaccurate information to consumers, their family, friends, carers and others about avenues for raising complaints which does not encourage and support the provision of feedback and making complaints and results in consumers not being aware of and having access to advocates, language services and other methods for raising and resolving complaints.

Whilst the organisation demonstrates that action is taken in response to complaints, the organisation has not adopted and embraced an open disclosure process when things go wrong.

Feedback and complaints are not reviewed and used to improve the quality of care and services.

#### Requirements:

##### **Standard 6 Requirement 3(a) Not Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Not Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Not Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Not Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team’s findings are that the organisation does not meet all five requirements under this standard.

Consumers, representatives and staff said there are insufficient staff available to meet the needs of consumers and that staff are frequently not able to be replaced. Management confirmed that many staff are taking unplanned leave and are not able to be replaced.

Whilst most feedback from consumers and representatives was that interactions between consumers and staff are kind and caring, staffing issues result in consumers not being treated with kindly and respectfully.

During the review audit deficiencies were identified in relation to all requirements of Standard 2 and Standard 3 demonstrating that the workforce does not have the knowledge and competence to effectively perform their roles.

The organisation does not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards and regular assessment, monitoring and review of the performance of each member of the workforce is not undertaken.

#### Requirements:

##### **Standard 7 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Not Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Not Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Not Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Not Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team’s findings are that the organisation does not meet all five requirements under this standard.

The organisation has not implemented any structures to actively engage consumers in development, delivery and evaluation of the services beyond limited consultation at resident meetings and surveys.

The organisation has not implemented any structures to ensure that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services.

There are no effective organisation wide governance systems relating information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Whilst there are systems for financial governance this has not resulted in the organisation deploying sufficient resources to address deficiencies identified during the review audit.

The organisation does not demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can. The organisation does demonstrate effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers

A clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure is not in place.

#### Requirements:

##### **Standard 8 Requirement 3(a) Not Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Not Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.