Columbia Aged Care Services - Strathdale Centre

Performance Report

64-70 Albert Road
STRATHFIELD NSW 2135
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**Commission ID:** 2560

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

**Assessment Contact - Site date:** 21 August 2020

**Date of Performance Report:** 25 September 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

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 and others.
* the provider’s response to the Assessment Contact - Site report received 15 September 2020

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers, or their representatives, considered that they receive personal care and clinical care that is safe and right for them, they receive their medication as would be expected and have access to general practitioners who visit the service regularly.

However, inconsistencies were found with mandatory reporting requirements and documentation of review of effective behaviour management.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found that while there has been improvement with education and documentation the service was unable to demonstrate compliance with this requirement. The service has not demonstrated it ensures that behaviours are effectively reviewed and managed within 24 hours after incidents of assault where discretion not to report is used. There was a second incident between two consumers within two months, and a fall with head injury for one consumer. Post-fall observations and documentation of time of events e.g. transfer to hospital, has been inconsistent. Most of the sampled consumer representatives were happy with care provided. Staff described falls and wandering behaviours as high impact or high prevalence risks for consumers at the service. Staff said wandering behaviours can be a trigger for challenging behaviour in other consumers. High impact and high prevalence risks are documented in consumer care plans. Reportable assaults and critical incident reports are completed and logged when an incident occurs. Quality audits are conducted and recorded, this information is collected at the service.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. The approved provider agrees that there have been inconsistencies in documentation following a critical incident. This includes incidents of consumer to consumer assault. The approved provider submitted the continuous improvement plan relating to this issue which demonstrates that improvements have occurred since the date of the visit. They acknowledge that actions continue to occur to make the required improvements in this requirement.

I am of the view that the approved provider did not comply with this requirement at the time of the visit as it did not demonstrate that it was effectively managing high impact risks of wandering behaviours and consumer assault which has impacted other consumers health and wellbeing.

### Requirement 3(3)(d) Compliant

*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.*

The Assessment Team found that consumer representatives and staff were able to provide examples of deterioration or change in physical function and condition which was recognised and responded to in a timely manner. Most consumers and representatives interviewed were happy with the care provided by the service. Review of weight loss monitoring charts showed that there was minimal unplanned weight loss, particularly among the Korean consumers. Staff interviewed said they observe deterioration in consumers by changes in their condition including their mobility. Staff interviewed were able to describe individual consumer’s characteristics, likes and dislikes along with the care they require. A number of staff are long-standing, working at the service in excess of 20 years, and are familiar with consumers’ needs and preferences. The organisation provides documented guidance for staff on managing deteriorating consumers.

I am of the view that this requirement is compliant as they have demonstrated that the recognise and respond to deterioration or change in consumers condition in a timely manner.

# STANDARD 8 NON-COMPLIANTOrganisational 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management, staff and consumers, and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers and representatives interviewed were satisfied with the care provided at the service.

However, the service did not demonstrate it ensures that behaviour management processes and practices in relation to reportable assaults meet requirements, that the requirements for the use of physical and chemical restraint are met including informed consent, and that psychotropic medications have been reviewed in a timely manner. While there are organisational systems to support the service to meet these requirements, further improvements are required.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 found that while there has been improvement with education and documentation the service was unable to demonstrate they meet this requirement as they don’t have an effective risk management system. A consolidated list of consumers using psychotropic medication with review dates was not provided at the time of the visit, however it was provided by email following the visit. This demonstrated a high proportion of consumers using psychotropic medication and no review dates. Physical restraints were not being used in accordance with their indications for use.

In their response the approved provider submitted information to address some of the issues raised by the Assessment Team, such as in relation to the recording, monitoring and review of psychotropic medication. They did not dispute the overall finding of the Assessment Team concerning this requirement.

While management were able to describe at the time of the visit, the processes in place and provided documentation to support risk management, I am of the view that the service is not effectively managing high impact or high prevalence risks associated with consumers care in the areas of restraint and falls. As discussed in my compliance decision relating to requirement 3(3)b, the service is also not meeting its legislative requirements in identifying and responding to abuse of consumers.

I am of the view that the approved provider does not comply with this requirement as it has not demonstrated effective risk management systems in the management of high impact and high prevalence risks nor in responding to abuse of consumers.

# 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.

### Requirement 3(3)(b)

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

The approved provider must demonstrate that:

* it ensures that behaviours are effectively reviewed and managed within 24 hours after incidents of assault where discretion not to report is used.
* wandering behaviours are effectively managed to mitigate the risks to other consumers health and wellbeing; and
* post-fall observations and documentation of time of events e.g. transfer to hospital, is consistent and in accordance with the Service’s policies.

### 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.*

The approved provider must demonstrate that:

* The risk management system is effective in managing high impact or high prevalence risks associated with falls and physical and chemical restraint; and
* it identifies and responds appropriately to abuse of consumers.