Performance

Report

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| Name of service: | Columbia Aged Care Services - Oberon Village |
| Service address: | 115 Albion St OBERON NSW 2787 |
| Commission ID: | 1022 |
| Approved provider: | Columbia Nursing Homes Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 March 2023 |
| Performance report date: | 11 April 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 Columbia Aged Care Services - Oberon Village (**the service**) has been prepared by G Cherry, 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 staff, consumers/representatives, and others
* Performance report dated 20 April 2022

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(b) | 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. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found compliant.

Requirement 2(3)(b)

A decision was made on 20 April 2022 that the service was non-compliant in requirement 2(3)(b) after a site assessment conducted 15 to 18 March 2022. The service was unable to demonstrate consumers current needs consistently identified and address by assessment and in care planning directives.

At an Assessment Contact conducted 15 March 2023 the assessment team bought forward evidence the service has implemented remedial actions in response to the previous non-compliance which include:

* Review of all identified consumer’s assessment/care planning and documentation has occurred including updating of appropriate documentation
* Processes are being implemented to ensure particulars as identified are accurately reflected in forms, charts, and care plans
* Implemented a process of auto-archiving of older forms/charts to prevent multiples of same information/eradicate outdated information once a new directive or assessment is completed
* The care manager advised most consumers have an advance care plan in place; a copy of which is scanned/uploaded within the electronic documentation system to consumer’s files.

The service demonstrates an effective system to ensure consumers’ needs are assessed and strategies implemented to action goals and preferences, including end of life and advance care planning. Sampled consumers/representatives’ express satisfaction staff understand what is important to consumers in relation to care delivery and end of life planning/advance care directives have been discussed.

Interviewed staff demonstrate knowledge of consumers needs and preferences (which align with care plan directives) and demonstrate a sound knowledge of individual consumer’s needs, likes and dislikes. The clinical care manager and registered nurses complete end of life and advance care directives and update documentation accordingly.

A pre-admission pack includes documentation relating to end of life/advance care directive preferences and discussions are initiated during admission process. Care plans record consumers who have declined end of life/advance care discussions and/or those requesting additional time, documentation detail follow-up by registered nurses/clinical care manager.

Care plans demonstrate evidence of tailoring consumers preferences according to their requests.

# Standard 3

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| Personal care and clinical care | |  |
| 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific requirements has been assessed and found compliant.

Requirement 3(3)(e)

A decision was made on 20 April 2022 that the service was non-compliant in requirement 3(3)(e) after a site assessment conducted 15 to 18 March 2022. The service was unable to demonstrate changes in consumer’s care needs were not consistently communicate to others where care is shared.

At an Assessment Contact conducted 15 March 2023 the assessment team bought forward evidence the service has implemented actions in response to the previous non-compliance which include:

* Review of all identified consumer’s assessment/care planning has occurred including updating of appropriate documentation
* An upgrade of the electronic documentation system will enable additional attributes to alert/monitor tasks, reminders, and messages to communicate changes to all staff

The system will provide a new handover document enabling improved communication to staff relating to consumer individual changes/updates

* Further education and training is planned to support staff for early detection and to identify changes of deterioration, including training on high impact/high prevalence risks.

Effective systems ensure information relating to consumer changes, needs/preferences is communicated to those within the service and between external providers involved in consumers’ care. Sampled consumers/representatives’ express satisfaction consumers care needs and preferences are effectively communicated between staff, who are aware of care delivery choices and requirements.

Interviewed staff acknowledge receipt of relevant/current consumer information via a variety of communication methods; including discussions between shifts to transfer current details by senior clinicians. Management meet on a daily basis to discuss needs of new consumer’s; details are provided at handover meetings and lifestyle team have knowledge of new consumer’s preferences. Staff receive information relating to medication changes and medical officer directives. Processes ensure effective communication relating to weight changes, specific personal care preferences, incidents, and changes in behavioural needs.

Review of documentation detail relevant information to enable staff to effectively provide quality care. Evidence detail notification to medical officers and representatives when consumer’s condition change, incidents and/or transfer to/from hospital, or medication changes occur. Directives from medical officers/external service providers are transferred into care planning documentation and communicated to staff to ensure awareness of current needs. Some allied health professionals have access to directly update details within the electronic documentation system.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the seven specific requirements have been assessed and found compliant.

Requirement 4(3)(a)

A decision was made on 20 April 2022 that the service was non-compliant in requirement 4(3)(a) after a site assessment conducted 15 to 18 March 2022. The service was unable to demonstrate effective services to meet physical or mental needs, goals, and preferences of younger consumers to encourage participation in meaningful activities.

At an Assessment Contact conducted 15 March 2023 the assessment team bought forward evidence the service has implemented actions in response to the previous non-compliance which include:

* Via a process of consumer consultation, the recreational activities officer (RAO) completed a review of activities and developed/implemented more individualised, age-appropriate one-on-one activities, taking into consideration consumers emotional and psychological preferences
* The RAO actively engages with younger consumers and is currently liaising with the local library in relation one consumer’s requests and engages another consumer to contribute to the monthly newsletter
* A process of ongoing volunteer recruitment is occurring to ‘match’ consumers with appropriate volunteers
* Leisure and lifestyle assessments and diversional therapy care plans have been completed for all identified consumers, including establishment of an ongoing review schedule to ensure currency
* The RAO completes a monthly activity report including evaluation of activities and consumer engagement
* The service has appointed appropriate senior management to organise education for RAO staff incorporating completion of leisure and lifestyle assessments for all consumers
* Topics of staff training/education include emotional and spiritual support, Understanding Dementia and general education relating to consumer needs, goals, and preferences
* The service actively encourages consumers with maintaining their independence and engaging within the community; examples of which were demonstrated.

Sampled consumers express satisfaction their leisure and lifestyle activities are met, gave examples of individual support received from staff, and engagement in meaningful activities. They noted the lifestyle program supports their needs and staff assist them to be as independent as possible. The assessment team observed staff positively engaging consumers in activities which align with individual care planning documentation.

Interviewed staff demonstrate knowledge of consumer’s needs, preferences and support required to participate in activities and/or pursue individual interests. Documentation review detail strategies to deliver services and supports for daily living, reflecting consumers diverse needs. Documentation reflects the activity program includes weekend activities conducted by care staff. Staff demonstrate accommodating consumers preferences.

Requirement 4(3)(b)

A decision was made on 20 April 2022 that the service was non-compliant in requirement 4(3)(b) after a site assessment conducted 15 to 18 March 2022. The service was unable to demonstrate effective services to meet consumers’ emotional and psychological needs, goals, and preferences.

At an Assessment Contact conducted 15 March 2023 the assessment team bought forward evidence the service has implemented actions in response to the previous non-compliance which include:

* Appointment of appropriate senior management to organise education for recreation activities staff incorporating completing leisure and lifestyle assessments for all consumers
* Education sessions including topics relating to emotional, psychosocial, spiritual, sexuality/ intimacy and self-expression have been provided to staff
* The service engages the assistance of Dementia Training Australia to provide a list of recommended staff education to facilitate positive consumer outcomes
* A new administrative system introduced during 2022 provides access/information relating to specific policies, procedures, and processes regarding meeting consumers’ emotional, spiritual, and psychosocial needs
* Provision of education/training relating to care planning and documentation requirements
* Advance care plans include consumers spiritual, psychological, and emotional needs
* Prioritisation is being given to implementing community resources to support consumers’ emotional wellbeing.

Sampled consumers express satisfaction cultural and religious practices are supported and their emotional/spiritual needs met. Interviewed staff describe strategies to support consumers individual emotional and psychological well-being and documentation demonstrate comprehensive details relating to consumer’s life journey. Management note organisational transition to a new electronic system more aligned with needs. While documentation review noted generic strategies within care planning documentation, management advised recent improvement as a result of staff education/training.

Access to community religious leaders enables regular spiritual services. Interviewed staff note receipt of education, demonstrate understanding of consumers individual care needs, goals, and preferences. They gave examples of support provided when consumers are feeling emotionally unwell and/or depressed, such as spending time in conversation, accompanying them for a walk in the garden and/or supporting communication with family and friends.

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)