Performance

Report

**1800 951 822**

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| Name of service: | Columbia Aged Care Services - Strathdale Centre |
| Service address: | 64-70 Albert Road STRATHFIELD NSW 2135 |
| Commission ID: | 2560 |
| Approved provider: | Columbia Nursing Homes Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 June 2023 |
| Performance report date: | 27 July 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 - Strathdale Centre (**the service**) has been prepared by T Solomon, 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.
* the provider’s response to the assessment team’s report received 30 June 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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)(a) | 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. | Compliant |

Findings

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated consumers receive care that is within best practice guidelines, is personalised, and aims to optimise consumer health and well-being. Staff and management were able to describe how they provide personalised consumer care plans and demonstrated effective use of their new clinical documentation system. A review of consumer documentation indicates care is being tailored to the needs of consumers. Consumers and/or representatives spoke positively about the delivery of care provided by the service.

Consumers who experience behaviours of concern have behaviour support plans in place that provide individualised strategies to minimise and reduce concerning behaviours. Care was observed to be provided in accordance with those plans. The service has processes in place to ensure the use of restrictive practice is assessed, planned, and reviewed to minimise usage.

Consumers with significant weight change are monitored regularly and referred to a dietitian and their medical officer for further instruction and monitoring. Documentation reflects this and shows that supplements have been added when appropriate and food and fluid intake charts are completed daily.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Requirement 5(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Management demonstrated the service is safe, clean, well-maintained, and comfortable, and consumers are enabled to move freely about the service both indoors and outdoors. Consumers and/or representatives reported they were satisfied with the cleaning of the service, and confirmed they could move freely about the service, both indoors and outdoors.

Cleaning staff explained consumer rooms are cleaned each day along with communal areas. There are cleaners working onsite daily, including weekends. The Assessment Team observed a cleaner working on each of the service.

The maintenance supervisor explained the processes for reactive and preventative maintenance. The Assessment Team reviewed the maintenance request logs and preventative maintenance schedule. Maintenance requests were actioned in a timely manner and preventative maintenance is being carried out according to the schedule.

The safety, cleanliness and maintenance of the service is monitored by the management team. This includes the review of cleaning and maintenance records, daily huddles with staff, management team meetings and informal inspections by the management team.

# Standard 8

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| Organisational governance | |  |
| 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated there are effective risk management systems in place. The organisation has a risk management framework. Policies and procedures are in place to direct the various aspects of risk management, and clinical governance committees at both Board and executive level provide direction and oversight to the service.

The facility manager provides a monthly report to the organisation with details relating to high-impact and high-prevalence risks, Serious Incident Response Scheme incidents, and clinical indicators, amongst other data. The data is consolidated and provided on a monthly basis to the Board.

Management explained all incidents are logged in the electronic clinical documentation system. Incidents are then reviewed by the care manager, and an investigation is included in the review and care plans reviewed and updated.

The management team conduct a weekly high-impact high-prevalence risk meeting to review all consumers who have been identified as having a high-impact or high-prevalence risk. A review of the high-impact high-prevalence risk meeting minutes shows consumers who are at risk are identified across the range of clinical care and strategies to manage their risk is discussed.

The organisation has a Serious Incident Response Scheme incident management procedure. Training in relation to the Serious Incident Response Scheme is mandatory for all staff and additional education is provided as needed. The service maintains a Serious Incident Response Scheme register and incidents are reviewed and analysed at weekly leadership meetings. All Serious Incident Response Scheme incidents are reviewed by the senior management team.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)