Performance

Report

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| Name: | Columbia Aged Care Services - Willowood Centre |
| Commission ID: | 0716 |
| Address: | 297 Mowbray Road, CHATSWOOD, New South Wales, 2067 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 October 2023 |
| Performance report date: | 16 November 2023 |
| Service included in this assessment: | Provider: 56 Columbia Nursing Homes Pty Ltd  Service: 6229 Columbia Aged Care Services - Willowood Centre |

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 - Willowood Centre (**the service**) has been prepared by M.Wyborn, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 30 October 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

The service demonstrated that each consumer is treated with dignity and respect, and their identity, culture and diversity is valued. Consumers advised the Assessment Team that they are respected and valued as individuals and their cultural and religious beliefs and preferences are respected. Consumer care plans appropriately reflect the diversity of consumers, including information about their cultural and religious beliefs and preferences. The Assessment Team observed staff interacting with consumers in a respectful manner and consumer documentation used respectful language. Assessment Team observations during a meal service highlighted staff communicating with consumers in a kind and respectful manner and using consumers’ preferred names when addressing them.

Since the last Site Audit undertaken from 19 to 21 September 2022, the service has implemented continuous improvement efforts to ensure each consumer is treated with dignity and respect. This included providing all staff with dignity and respect training, implementing a routine consumer care review processes for each consumer, and procuring a new laundry contractor with a focus on ensuring that consumer clothing is appropriately labelled.

With these considerations, I find the service compliant in Requirement 1(3)(a).

# Standard 2

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

Findings

The service demonstrated that consumer planning and assessments are routinely completed and the service has a suite of assessments that are undertaken throughout the admission process and reviewed every three months or as circumstances change. Assessments include falls risk, mobility needs, skin integrity and pressure injury prevention, nutrition, cognition, behaviours and mental health, and continence. The Assessment Team reported that consumer plans and review reports exhibit effective assessment related to each consumer and that they are completed routinely. The Assessment Team reported that consumer care plans highlighted appropriate recommendations from other providers such as medical officers, Dementia Support Australia and the aged care response team from the local health area were included in plans. Some consumer plans also included diabetic management guidance and wound care. Staff demonstrated their knowledge and responsibilities for their allocated consumer reviews which they are responsible to complete and monitor and the Assessment Team reported that consumer plans are completed with participation from consumers and representatives.

The Assessment Team reported that consumers with chemical or environmental restrictive practices in place have been appropriately assessed, consent is documented and scheduled review dates are available. Management and staff explained that consumers apply choice and control to exit the service, and those who may be at risk undertake a risk assessment that includes appropriate strategies to mitigate their risk(s). Quality auditing processes, medication reviews, consumer file audits and resident of the day (ROD) are carried out to assist in determining effective care delivery and planning occurs. Management highlighted the service’s continuous improvement plan which evidenced effective efforts to review and reduce psychotropic medication and high-risk medications usage, and improve medication use and safety. The service’s continuous improvement plan demonstrated appropriate staff education and targeted support for staff following the service’s quality audit to ensure consumer care needs are being documented properly following implementation of the service’s new electronic care management system.

With these considerations, I find the service compliant in Requirement 2(3)(a).

# 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

The service demonstrated safe and effective personal and clinical care. Consumers advised the Assessment Team that they are satisfied the care provided at the service meets their needs and optimises their health and well-being. Staff demonstrated appropriate knowledge relating to the personal and clinical needs of individual consumers and consumer care plans provide a focus on care that is safe, effective and specific to each consumer.

The service effectively applies an assessment tool to monitor the use of all psychotropic medications, antimicrobials and polypharmacy throughout the service. Medication incidents, trending and analysis of medication usage is discussed at the medication advisory committee meetings and at regular clinical meetings.

All consumers who are subject to restrictive practices have related consent and assessments documented, the service has trialled alternative options to best support each consumer, each consumer has behaviour support plans documented, and the service ensures that restrictive practices are used as a last resort.

Consumers are assessed for pain using an appropriate assessment tool and, if they have pain, an appropriate pain management strategy is developed and consumers with a fluid restriction related to management of their medical condition have their fluid intake monitored. The service demonstrated appropriate and up to date policies and procedures to support delivery of best practice, safe and effective personal and clinical care.

Since the last Site Audit undertaken from 19 to 21 September 2022, the service has implemented continuous improvement efforts to ensure safe and effective care is provided to all consumers, including implementing a new electronic medication management system that effectively incorporates monitoring and management prompts for psychotropic medication, antimicrobials, polypharmacy, and time-sensitive and other high-risk medications. The service has developed regular registered nurse meetings to discuss clinical care needs of consumers, specifically around high impact and high prevalence risks, clinical indicators, and documentation. Additional procedures were adopted to optimise clinical oversight, including regular auditing of personal and clinical care by the care manager along with daily (weekdays) check-ins with the registered nurse in each section of the service.

The service’s physiotherapist demonstrated effective pain management interventions for consumers who experience pain, including non-pharmacological interventions of massage, heat packs and targeted exercise. Clinical staff appropriately referred to the service’s wound management policy and demonstrated effective strategies to monitor and maintain consumers’ skin integrity. This included pressure injury prevention and management using aids, emollients and barrier creams, and daily monitoring. Clinical staff said that care staff routinely report and document any changes to consumer skin integrity and care staff advised that clinical staff are responsive when they report changes in a consumers’ condition. The Assessment Team reported that staff were effective in providing a comprehensive update of each consumer’s care including providing relevant and accurate information relating to restrictive practice, mobility and falls, nutrition/weight management, skin care, pain management, and other personal and complex clinical care provision.

With these considerations, I find the service compliant in Requirement 3(3)(a).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The service demonstrated effective systems to ensure the workforce is qualified and competent to perform their roles. Consumers and representatives advised the Assessment Team that staff are consistently meeting their needs and advised that they were satisfied staff are trained and are competent to deliver the care and services they require.

The service has ensured that through their recruitment processes prospective staff must demonstrate relevant qualifications and knowledge to effectively perform the duties of the position. Management explained the organisation has drafted clear position descriptions and duty lists, that set out staff responsibilities, necessary qualifications and skills for each role. Staff are provided these documents during orientation, where a discussion is had and an agreement is signed by new employees to acknowledge their role, key duties and responsibilities. The role position descriptions and duty lists are routinely provided to staff at their annual performance appraisals and are used as a tool to measure competency and to assess staff performance against the expectations and requirements of their role.

The service demonstrated that all staff undertake annual skills and competency assessments related to their role. These competencies are completed both face to face and online and the organisation effectively monitors staff competency and training completion rates. The service’s educator position observes and monitors staff practices on the floor to ensure staff are effectively performing their roles and ensuring all required training is integrated into daily practice. Management explained that all staff are required to complete annual skills competency assessments for hand hygiene, donning/doffing of PPE, manual handling, and medication administration.

The Assessment Team reviewed the service’s training and education plan for continuous improvement and reported a high completion rate. Further, staff who administer medications are required to complete additional targeted annual competency assessments, including registered nursing staff and medication administering care staff.

With these considerations, I find the service compliant in Requirement 7(3)(c).

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)