Performance

Report

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| Name: | Feros Village Bangalow |
| Commission ID: | 0468 |
| Address: | Cnr Bangalow Road and Ballina Road, BANGALOW, New South Wales, 2479 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 14 February 2024 |
| Performance report date: | 1 March 2024 |
| Service included in this assessment: | Provider: 1209 Feros Care  Service: 484 Feros Village Bangalow |

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 Feros Village Bangalow (**the service**) has been prepared by D Saunders, 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

# Assessment summary

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| Standard 3 Personal care and clinical care | Compliant |
| **Standard 7** Human resources | **Compliant** |

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

The service demonstrated effective behaviour management practices including behaviour support plans (BSPs), charting and compliance with restrictive practice legislative requirements.

All consumer/representatives interviewed said they were satisfied with how the service manages the high-risk behaviours or when there has been a change in their behaviour.

Representatives identified as decision makers for consumers receiving a chemical restraint were interviewed. The representatives have been provided a medication fact sheet that includes information on the prescribed medications side effects for consideration prior to authorising or declining the use of the medication.

Behaviour management training was provided to staff including behaviour management practices for consumers with complex behaviours. Staff said they recognise the importance of BSPs being individually tailored, as the strategies provide staff guidance to assist the consumers with their behaviours escalating further.

Care staff stated they use consumer BSPs to assist them and were able to share some specific examples of strategies for individual consumers.

Historical deficiencies (assessed by the Commission in May 2023) have been remedied, in particular:

* Decision makers confirmed and documentation reviewed, identified the service has provided information on prescribed medications side effects and potential risks relating to restrictive practices.
* Management conducts ongoing monitoring of restrictive practices authorisations and updates the service’s restrictive practice register when updates occur.
* Ongoing staff training of behaviours and restrictive practices occur.
* Consumer’s behaviour changes are discussed during toolbox talks and handover meetings and a folder will be kept up to date and left in the staff room for staff to sign they have read updates.

The Assessment Team received positive feedback from consumers/representatives that included:

* Families’ involvement with the service in developing consumer’s BSPs to identify and mitigate risks.
* Detailed information updated in BSPs to guide and support staff when assisting a consumer with behaviours.
* Informative psychotropic medication facts sheets provided to decision makers to enable them to make an informed choice in consenting to psychotropic medications.
* Staff feedback in relation to management’s accessibility and support.
* Ongoing staff training that has extended staff knowledge and understanding of behaviours and restrictive practices.

The Assessment Team recommended that documentation, interviews with consumers/ representatives and information on the service’s electronic care management system supported a positive finding in relation to this requirement.

For the above reasons I find this requirement compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Assessment Team considered the service demonstrated ongoing staff training is being provided in the areas of restrictive practices, authorisation, informed consent, behaviour support planning, medication impact monitoring and behaviour charting.

Staff demonstrated a clear understanding of these practices and confirmed training is offered on a regular and ongoing basis. Staff also confirmed the quality manager is accessible and provides regular support and opportunities for training.

The Assessment team spoke to consumer/representatives who expressed satisfaction with staff and believed they were well trained, competent, and able to deliver safe and appropriate personal and clinical care.

The Assessment Team interviewed care, clinical and lifestyle staff. All staff interviewed were confident with the training they receive at the service and confirmed that regular training is provided via toolbox meetings, online training, staff meetings and mandatory training.

Staff interviewed were aware of online dementia training that is currently available through a specialist external provider.

Historical deficiencies (assessed by the Commission in May 2023) have been remedied, in particular:

* Regular and mandatory training on managing changing behaviours, dementia, behaviour support plans, restrictive practice has been introduced.
* Training is supported by a specialist dementia training organisation.
* Staff feedback in relation to the availability of training, their improved knowledge and confidence especially in the area of behaviour management, their awareness of training opportunities, and a willingness of management to provide training that staff identify as needed was demonstrated.

For the above reasons I find this requirement compliant.

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