Performance

Report

**1800 951 822**

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| Name: | St Andrew's Village Ballina |
| Commission ID: | 2709 |
| Address: | 59 Bentinck Street, BALLINA, New South Wales, 2478 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 October 2023 |
| Performance report date: | 13 November 2023 |
| Service included in this assessment: | Provider: 930 St Andrew's Village Ballina Limited  Service: 1066 St Andrew's Village Ballina |

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 St Andrew's Village Ballina (**the service**) has been prepared by K. Reed, 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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.

# Other relevant matters:

The Assessment Team reviewed the use of restrictive practices, in particular chemical restraint. This review was prompted by deficits identified in the Assessment contact-site conducted 8-10 May 2023. Given the focused information gathered in relation to Requirement 3a), a recommendation of Compliance will not be provided, and the Requirement was monitored rather than assessed.

The service’s chemical restraint register outlined consumer’s subject to a chemical restraint had their medications reviewed every three months or as changes in circumstances occurred. Each medication used as a chemical restraint had an indication recorded by a Medical officer to inform staff when to safely administer the medication.

Each consumer subject to a chemical restraint had a chemical restraint consent form signed by their representative. Management and staff explained when consumers were prescribed medication used as a chemical restraint, their representatives were informed and provided information to obtain informed consent prior to the consumer being administered medication used as chemical restraint.

Deficiencies were identified in the recording of individualised interventions for three consumers prior to receiving medication used as a chemical restraint, however staff had sound knowledge and understanding in relation to interventions to support consumers prior to administering medication used as a chemical restraint. Management was aware these deficiencies existed and provided evidence of actions the service had taken and plans to rectify these deficiencies.

The service’s Care Coordinator explained the lack of recording of interventions and strategies used prior to the administration of medication identified as a chemical restraint has been identified by them and the management team and the following actions had been implemented. Regular meetings were occurring with registered staff in relation to the appropriate documentation of strategies and interventions prior to administering the medication. An electronic message was sent to registered staff on 12 October 2023 outlining, the need for staff to provide detailed notes stating why the use of a chemical restraint was needed.

Management explained education will be provided to registered staff in relation to the use of chemical restraint and recording of interventions and strategies prior to using a chemical restraint. Management said ongoing clinical audits will commence by way of monitoring and ensuring consumers receive individualised non-pharmacological strategies prior to the use of a chemical restraint.

Actions taken by management onsite was sufficient to address deficiencies identified by the Assessment Team and therefore this Requirement was monitored rather than assessed.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives were satisfied the service was ensuring care and services were regularly reviewed for effectiveness, when circumstances changed or when incidents impacted the needs, goals, and preferences of consumers. Care plan documentation demonstrated consumers had updated care plan information, and the service had a Care plan coordinator onsite three days per week.

Care plans were reviewed every three months by the service’s Care plan coordinator or registered nurse in charge as per the care plan review schedule or when a change in circumstances occurred. The service’s care plan review schedule demonstrated all consumers had up-to-date care plan reviews.

Each consumer's care documentation outlined the upcoming scheduled review date, and the service’s electronic care management system automatically sends upcoming reviews to the service’s management and clinical team to ensure care plans were reviewed and updated accordingly.

Clinical staff described the daily handover process and fortnightly clinical meeting, which involved discussion of consumers’ care plan review schedule and any other concerns identified that required consideration or review.

Staff were aware of the changes in consumers’ condition and/or deterioration reporting process, and how this may generate a review of consumers’ care planning. Consumers and representatives confirmed consumers’ care and services planning were regularly reviewed when the consumer’s circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

Based on the information recorded above, this Requirement is Compliant.

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)