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 3 January 2024 |
| Performance report date: | 13 February 2024 |
| 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 Stewart Brumm, 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.
* the provider’s response to the assessment team’s report received 8 February 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 5** Organisation’s service environment | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully assessed** |

A detailed assessment is provided later in this report for each assessed requirement.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

# 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 Assessment Team provided information that consumers/representatives said staff treat consumers with dignity and respect and support them through interacting with consumers in a respectful manner. Management described how it is using strategies to support diversity through ensuring interactions between consumers and staff remain respectful, providing access to relevant policies and training, and conducting observations and audits, as well as conducting surveys and speaking with consumers directly.

The Assessment Team observed staff engaging positively with consumers, speaking in a kind and respectful manner.

Based on the information provided by the Assessment Team I find this requirement is compliant.

# 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 Assessment Team provided information that consumers’ personal and clinical care is safe and effective. Staff are knowledgeable about consumers’ needs and respond to changes in clinical condition. Regular monitoring and reviews of consumers’ health and wellbeing is completed. Care documentation including risk assessments and progress notes align with support consumers receive. Clinical care provided is audited and monitored by the clinical management team, promoting optimal care provision for consumers.

The clinical care manager and care coordinators maintain a psychotropic register. Behaviour support plans are in place for consumers prescribed psychotropic medications. Consumers prescribed chemical restraint have appropriate care plans and valid consent in place. Staff confirmed the use of these medications as a last resort. Regular medication reviews are completed.

Based on the information provided by the Assessment Team I find this requirement is compliant.

# 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

The Assessment Team provided information that consumers/representatives said consumers are comfortable and safe in their home and that maintenance and cleaning staff respond promptly to their needs. While there are some cases of unintentional environmental restraint, management acknowledged these and described the actions the service will take to ensure legislation around restrictive practices is followed.

The Approved Provider provided a response to the Assessment Team report including clarifying and additional information. The Approved Provider has a process to assess restraint requirements, including obtaining consent for the use of restraint. There is also an established training schedule to ensure that staff have the appropriate knowledge to identify and manage restraint.

Based on the information provided by the Assessment Team and the Approved Provider I find this requirement is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

The Assessment Team provided information that consumers said staff respond in a timely manner, and they are confident staff are providing safe care. Staff advised there are sufficient staff members to provide care and services in accordance with consumers’ needs and preferences.

A base roster is maintained with consideration to occupancy, clinical needs, and staff skillsets, ensuring there are sufficient clinical staff, as well as available escalation points to support staff in providing clinical and personal care.

Assessment Team observed staff responding promptly to requests for assistance from consumers.

Based on the information provided by the Assessment Team I find this requirement is compliant.

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)