Performance

Report

**1800 951 822**

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| Name of service: | Beauaraba Lodge |
| Service address: | 10 Weale Street PITTSWORTH QLD 4356 |
| Commission ID: | 5043 |
| Approved provider: | The Pittsworth and District Hospital Friendly Society Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 12 October 2022 |
| Performance report date: | 20 October 2022 |

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 Beauaraba Lodge (**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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the response from the Approved provider dated 20 October 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 7 Human resources | 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 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Regular assessment, monitoring and review of the performance of each member of the workforce was undertaken.

This Requirement was found non-compliant following a Site Audit conducted 16 to 18 February 2021. Improvement actions have been completed in relation to this Requirement and it is now Compliant.

Performance reviews identified staff training needs and maintained the ability of the workforce to provide safe and quality care and services. Staff performance reviews were conducted annually, and staff completed a feedback process in relation to their needs and goals in their work role. Examples of recently completed staff performance reviews were provided that included identified areas for improvement, training proposed and completed and staff suggestions for improved work processes.

A general orientation program for new employees was used to monitor the induction process for new staff. Ongoing monitoring of staff performance occurred through regular supervision. Consumers had the opportunity to provide feedback on workforce performance via a telephone application accessed via a quick response code or at monthly consumer meetings.

The governing board was kept informed, on a monthly basis, of human resource issues including the completion rate of staff appraisals and staff education hours. Incidents and consumer feedback mechanisms may trigger performance review processes outside the annual reviews. The Service had a continuous education and training schedule and online training programs to facilitate continuous improvement and development of staff. The Service had a current policy and process on Workforce Performance Assessment.

All staff have had a performance appraisal within the last year and this was evidenced by the staff performance appraisal register. Mandatory training days were conducted at regular intervals throughout the year to ensure that all staff remain current in their mandatory training requirements. A centralised database was implemented that records when individual staff members were due for performance appraisal and monitored completion of mandatory training and other education undertaken.

The Service developed, implemented and evaluated a staff performance review tool that incorporated a learning and development plan. The Service monitored and recorded staff completion of online and face to face training modules.

Based on the information contained above, it is my decision this Requirement is now met.

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)