Performance

Report

**1800 951 822**

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| Name: | Eventide Homes (Stawell) Inc |
| Commission ID: | 3345 |
| Address: | 111 Patrick St, STAWELL, Victoria, 3380 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 12 October 2023 |
| Performance report date: | 30 November 2023 |
| Service included in this assessment: | Provider: 332 Eventide Homes (Stawell) Inc  Service: 2103 Eventide Homes (Stawell) Inc |

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 Eventide Homes (Stawell) Inc (**the service**) has been prepared by D Utting, 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) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 October 2023.

# 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

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

Findings

The service was found non-compliant with requirement 7(3)(e) following a Site Audit conducted from 20 June 2023 to 22 June 2023. The service did not demonstrate regular assessments, monitoring, and review of staff performance was undertaken, and that appropriate systems were in place to maintain oversight of the staff performance.

At the assessment contact conducted on 12 October 2023 the service demonstrated it had completed corrective actions to ensure staff performance is regularly reviewed, and a system is in place to track the completion of performance appraisals. The appraisal process is monitored and reported to the Board monthly. Staff provided positive feedback about the new performance appraisal process and said they felt supported by management to discuss learning and professional goals.

The formal processes for monitoring and reviewing the performance of each member of the workforce includes staff completion of an appraisal logbook prior to meeting with their manager. While there were low rates of completion of appraisals, the service demonstrated the revised process is being implemented in practice, appraisal logbooks and staff feedback demonstrated that staff are scheduled for upcoming appraisals and that most staff have received the logbook. Management described how they use gaps in performance to identify training and support for staff. Policies and procedures have been amended and the revised process has been communicated to staff through the electronic system. The revised process was reflected in appraisal records for completed appraisals.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(e).

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)