Performance

Report

**1800 951 822**

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| Name of service: | Glengollan Village |
| Service address: | 97 Underwood Road FERNTREE GULLY VIC 3156 |
| Commission ID: | 3631 |
| Approved provider: | Glengollan Village |
| Activity type: | Assessment - Desk |
| Activity date: | 25 July 2023 |
| Performance report date: | 27 July 2023 |

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 Glengollan Village (the service) has been prepared by V Stephens, 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 desk assessment which was informed by review of documents submitted by the approved provider on 6 July 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

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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

The service was found non-compliant with this requirement following a site audit conducted from 19 January 2022 to 21 January 2022. The service at that time did not demonstrate the performance of each member of the workforce was assessed, monitored and reviewed regularly. The service has implemented effective action in response to the identified non‑compliance including implementing a new register to manage staff performance reviews and providing training and support to team leaders.

At a desk assessment conducted on 25 July 2023, an assessor reviewed the service’s updated plan for continuous improvement and registers of completed staff appraisals submitted by the approved provider on 6 July 2023. The registers demonstrate that all listed staff completed performance appraisals in 2022. The service’s plan for continuous improvement ensures ongoing monitoring and review of each member of the workforce through a performance review process.

The service has demonstrated a system to ensure the performance of each member of the workforce is assessed, monitored and reviewed regularly. Accordingly, I 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)