Performance

Report

**1800 951 822**

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| Name: | * Tandara Lodge Hostel |
| Commission ID: | * 8028 |
| Address: | * 10 Nightingale Avenue, SHEFFIELD, Tasmania, 7306 |
| Activity type: | * Assessment contact (performance assessment) – site |
| Activity date: | * on 12 December 2023 |
| Performance report date: | * 5 January 2024 |
| Service included in this assessment: | * Provider: 227 Tandara Lodge Community Care Inc * Service: 5001 Tandara Lodge Hostel |

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 Tandara Lodge Hostel (**the service**) has been prepared by L Glass, 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.

# 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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| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirements 7(3)(d) and 7(3)(e) were found non-compliant following a Site Audit conducted 15 August 2023 to 18 August 2023.The service was unable to demonstrate how all staff participate in mandatory training. All nursing and care staff had not been trained in pressure injury prevention, monitoring wounds, recognising wound deterioration and the appropriate escalation pathway to seek specialist wound care support and staff work performance had not been regularly assessed and reviewed as required. Although management confirmed skills or role-based training needs were identified through the completion of performance appraisals, the service was unable to demonstrate most staff had completed a recent assessment of their performance and the service did not have policies to guide workforce performance review practices. The organisation has implemented actions in response to the non-compliance identified at the Site Audit on 15 August 2023 to 18 August 2023 which have been effective.

In relation to requirement 7(3)(d) during the Assessment Contact on 12 December 2023 the service demonstrated the workforce is recruited, trained, and equipped to deliver outcomes to consumers. Consumers interviewed believe staff have the appropriate skills and knowledge to deliver their care. Annual mandatory training is in place and non-mandatory training is also provided. There is a process to implement training if skills and knowledge gaps are identified. Training is monitored and recorded by management and followed up with individual staff if necessary. All nursing and care staff said the service provides mandatory and additional training to support them to provide quality care and have completed the on-line mandatory training and additional modules as relevant to their individual needs or interest. The service encourages staff to consider undertaking study to improve skills and competency and is currently supporting numerous staff to undertake a range of education and training.

In relation to requirement 7(3)(e) the service has introduced a policy to guide workforce performance and review practices. It has a process for regular assessment, monitoring and review of staff performance including managing underperformance. A process is also in place to ensure all staff have an annual performance assessment meeting with their manager. Staff confirmed participation in recent performance assessment meetings or indicated that the meetings were scheduled. The performance review is inclusive of self-appraisal followed by discussion with management to identify personal development needs and provide an opportunity for staff to give feedback to the service.

I have considered the Assessment Team report and the recommendations that the requirements are met. I find requirements 7(3)(d) and 7(3)(e) 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)