Performance

Report

**1800 951 822**

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| Name of service: | Uniting AgeWell Hawthorn Community |
| Service address: | 27-29 Wattle Road HAWTHORN VIC 3122 |
| Commission ID: | 3089 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 December 2022 to 8 December 2022 |
| Performance report date: | 10 January 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 Uniting AgeWell Hawthorn Community (**the service**) has been prepared by S Byers, 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 - Site; the Assessment Contact - 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 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service was found non-compliant in Standard 7 in relation to Requirement 7(3)(d) following a site audit in April 2022 where it was unable to demonstrate:

* Staff had completed all mandatory training; overdue training was monitored and staff were supported to complete training.

At the December 2022 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers provided positive feedback about staff practice and the care and services they received.

Staff described the process to complete mandatory training and how they can access additional training for development. Staff provided examples where they had requested and were supported to complete further training and education related to their roles.

Management explained the monitoring systems and processes in place to review training and alert staff when training modules were overdue.

Training records demonstrated all current staff had completed mandatory training modules.

Based on the available evidence, I am satisfied the service has in place effective systems to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. I find Requirement 7(3)(d) is Compliant.

# Standard 8

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| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The service was found non-compliant in Standard 8 in relation to Requirement 8(3)(c) following a site audit in April 2022 where it was unable to demonstrate:

* Effective workforce governance systems to ensure the completion and monitoring of mandatory staff training.

At the December 2022 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

The service demonstrated it has completed a comprehensive review of its online training system and the available reporting functions.

Management described how training data is reviewed and reported to the executive team monthly. The completion of mandatory training is monitored through key staff monitoring a cohort of staff with overdue training and providing support to complete the training within a designated timeframe. Processes are in place to alert staff when training is overdue.

In addition to monthly reports, the Board has oversight of the online training portal and can identify where one of their services is not meeting performance indicators, including completion of mandatory training.

Based on the available evidence, I am satisfied the service has in place effective workforce governance systems to train and support staff. I find Requirements 8(3)(c) 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)