Performance

Report

**1800 951 822**

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| Name: | Grace Munro Centre |
| Commission ID: | 0616 |
| Address: | 2 Thunderbolts Way, BUNDARRA, New South Wales, 2359 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 July 2024 |
| Performance report date: | 6 August 2024 |
| Service included in this assessment: | Provider: 3331 Grace Munro Aged Care Centre Ltd  Service: 5595 Grace Munro Centre |

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 Grace Munro Centre (**the service**) has been prepared by V Plummer, 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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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

The service has taken action to remediate deficits in this Requirement as identified during the Site audit conducted 28 February 2023 to 2 March 2023.

Consumers provided positive feedback in relation to their care and services and said there is always adequate staff on duty and available to meet their needs and staff respond promptly to call bell requests. Staff confirmed there is adequate staffing to provide care in accordance with consumer needs and preferences and said they generally have enough time to undertake their allocated duties.

Management said they have contingency plans in place to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are adequate.

The service was found to be non-compliant in the previous site audit due to deficits including key staff shortages, such as registered nurses not being scheduled during unplanned leave. Additionally, staff raised concerns about the sleepover shift, being problematic noting that staff were unable to rest because they could not hear the consumers. Furthermore, the existing policies and procedures did not adequately reflect the necessary qualifications and training for staff responsible for managing the service.

The service has implemented the following improvement actions to remediate these deficits:

* The service has reviewed the 'sleepover' night shift and introduced an 'awake' shift. Staff members reported that this change has enhanced their ability to respond to consumer care needs.
* The service has employed additional part time registered nurses, ensuring that a registered nurse is on-site each day, Monday to Friday. There is a documented procedure for care staff to follow in order to contact the on-call registered nurse when one is not on site. Staff members are familiar with this process and confirmed that the registered nurse is always contactable.

In addition to the demonstrated improvement actions, the service acknowledges the need to update its policies and procedures, as outlined in its continuous improvement plan. They are actively researching the purchase of a suite of customisable policies and procedures to meet the specific needs of the service.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision this Requirement is now 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)