Performance

Report

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| Name of service: | Macpherson Smith Residential Care |
| Service address: | 37-39 Sloane Street STAWELL VIC 3380 |
| Commission ID: | 3480 |
| Approved provider: | Grampians Health |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 22 June 2023 |
| Performance report date: | 14 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 Macpherson Smith Residential Care (**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 - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents and interviews with staff, consumers, management 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 was found Non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a site audit from 31 January 2023 to 2 February 2023 where it was unable to demonstrate:

* sufficient workforce to enable the delivery of safe, quality and timely care.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers were satisfied with the care provided by the service, providing positive feedback that staff are available and respond promptly to call bells. Management described the processes in place to manage unplanned vacancies. The service has employed an administration officer to streamline roster development. Roster and allocation documentation demonstrated most shifts were filled with an appropriate mix of staff skill. The service is implementing several recruitment initiatives to increase staffing levels. Recruitment documentation confirmed the onboarding of several new clinical staff. Call bell data demonstrated that call bells are responded to in a timely manner. The service is in the process of updating its call bell system.

Based on the available evidence, I find Requirement 7(3)(a) 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)