MiCare Overbeek Lodge

Performance Report

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**Commission ID:** 3188

**Provider name:** MiCare Ltd

**Assessment Contact - Site date:** 19 January 2021

**Date of Performance Report:** 31 March 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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
* the Assessment Team’s report for the Assessment Contact – Desk dated 27 January 2021; the Assessment Contact - Desk was informed by interviews with management and review of documents
* the provider’s response to the Assessment Contact - Site report and Assessment Contact – Desk report received on 4 February and 8 February 2021.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

The service has a risk framework identifying high impact and high prevalence risks and abuse or neglect of consumers. There are processes to ensure action is taken and consumers are supported to live the best life they can. Local and organisation-level management investigate significant reportable incidents and demonstrate action is taken to mitigate risk to the individual consumer and others. Action at a governance level includes review of policy, procedure and education programs and consideration for other safeguards.

One of five requirements in Standard 8 has been assessed as compliant.

## Assessment of Standard 8 Requirements*.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.