**Performance**

**Report**

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| Name of service: | Italian Social Welfare Organisation of Wollongong |
| Service address: | 21 Stewart Street WOLLONGONG NSW 2500 |
| Commission ID: | 200557 |
| Home Service Provider: | IT.SO.WEL. - Italian Social Welfare Organisation of Wollongong |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 11 October 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 Italian Social Welfare Organisation of Wollongong (**the service**) has been prepared by M Murray, 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.

# Services included in this assessment

**Home Care:**

* IT.SO.WEL. - Italian Social Welfare Organisation of Wollongong, 27038, 21 Stewart Street, WOLLONGONG NSW 2500

**CHSP:**

* Care Relationships and Carer Support, 23761, 21 Stewart Street, WOLLONGONG NSW 2500
* Community and Home Support, 23760, 21 Stewart Street, WOLLONGONG NSW 2500

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives reported feeling respected and valued by the service, and felt their cultural backgrounds were understood and respected. Staff demonstrated knowledge of consumers lives and what is important to them. Management advised they try to understand consumer’s needs and preferences in practice through guiding and monitoring daily work practices and providing induction and training to staff to meet this requirement. The service has policies and procedures focused on supporting dignity and respect for consumers.

Documentation showed the service maintains policies and procedures related to ensuring cultural safety, as well as offering consumer documentation in English, Italian or other languages upon request.

Documentation showed the service maintains policies and procedures to support staff in fostering consumer choice and control in assessment and planning. Consumers and representatives were satisfied the service supports them to exercise choice and independence, and ensures they receive care and services tailored to their needs and preferences.

Documentation showed the service promotes consumer choice and independence through policies and procedures, including direction for staff to support consumers to take risks and live the best life they can. Staff reported supporting consumers to live the life they choose through discussions of risks and support to access relevant services or supports to maintain their independence.

Consumers and representatives advised they receive timely and clear information from the service. Consumers receiving HCP services reported receiving clear and easy to understand monthly statements. Documentation showed the service provides information in English or Italian depending on each consumer’s preference.

Documentation showed policies and procedures are in place to maintain consumer confidentiality. Management reported privacy and confidentiality obligations of staff are a recurrent agenda item for staff meetings. Staff advised consumer information is maintained confidentially in practice through limiting discussion of information with staff to a need to know basis. Consumers and representatives were satisfied their privacy and personal information is respected.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied that care and services meet the consumer’s needs. Staff demonstrated knowledge of each consumer’s health, wellbeing and risks, describing how they access consumer information via a mobile application. Validated risk assessment tools are used to inform the considerations of risks to each consumer’s health and wellbeing during the assessment and planning process. Documentation showed policies and procedures are in place to guide effective assessment and planning including the consideration of risk and the effect of risks on consumer wellbeing.

Consumers and representatives reported care planning documentation reflects each consumer’s needs, goals, preferences and advance care planning wishes. Staff advised how they undertake initial assessment and use validated assessment tools to identify consumer’s needs, goals and preferences. Care documentation showed consumer’s care needs and goals are identified and documented in consumer care plans. The service has policies and procedures to guide effective assessment and planning, including an advanced care planning and end of life care.

Consumers and representatives were satisfied with how the service encouraged their involvement in assessment and care planning. Care documentation demonstrated the ongoing involvement of consumers and others that the consumer wishes involved, and care progress notes reflected how consumer wishes were considered and reflected in the assessment and care planning process.

Consumers and representatives advised case management staff had explained their care and services to them, and had received signed copies of care planning documents. At the point of care, staff can access relevant consumer information, including care plans and care directives via the mobile application.

Consumers and representatives reported the service conducts regular reviews of consumer care and services, and were confident the service could coordinate changes to their services if their needs changed. Care documentation showed regular reviews occur for CHSP and HCP consumers, with care and service reviews occurring in response to a change in a consumer’s needs or condition. Examples provided showed care and services were revised when cognitive condition changed, and additional services were required.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied with the personal and clinical care delivered, and were confident staff are providing safe, best-practice and effective personal and clinical care. Personal and clinical care delivery is informed through validated assessment tools, guided through care directives and monitored by the service through feedback provided by support workers and care planning and assessment review. Management reported validated assessment tools assist staff to identify needs and prompt referrals for clinical services including allied health and nursing. Documentation showed the service maintains policy and procedures to inform best-practice personal and clinical care.

Management advised the service monitors high impact, high prevalence risks associated with the care of consumers through a risk management plan which identifies high prevalence risks and provides relevant risk management instruction for staff. A risk and incident management system includes established monthly reporting processes with management and board oversight. Support workers reported having access to sufficient consumer information to provide safe and effective care and reduce consumer risk. Care documentation including care plans and care progress notes showed support workers are able to identify and report consumer vulnerabilities and personal care needs.

Management advised that all staff have access to a community palliative care team when required for supporting the needs, goals and preferences of consumers nearing the end of life. Care documentation showed the service has supported consumers receiving palliative care through increased services, the provision of aids and equipment and consultation with consumers, their families and palliative and nursing services where appropriate.

Consumers and representatives expressed confidence that staff would identify and respond to a change or decline in a consumer’s condition. Management advised the service provides support to staff to recognise deterioration, including through accessible care documentation and care directives, and a recognising deterioration tool. Examples provided shows support workers are skilled to identify changes or deterioration and respond and report appropriately.

The service has an electronic consumer management system to enable access to consumer information through the system and associated mobile application. Management advised that consumer consent is obtained prior to engaging external providers of care. Care documentation showed referrals for clinical care including allied health services are documented in progress notes and recorded email communication. Consumers and representatives reported staff know what personal or clinical care is required and they do not have to direct staff in care delivery.

Care documentation showed referrals made to clinical services such as nursing and allied health are appropriate and timely. Consumers and representatives were satisfied that the service arranges referrals when they are required. Staff reported, and documentation showed, staff undertake referrals to nursing, allied health and medical services when requested by the consumer or when changes to a consumer’s condition or needs is identified.

Management reported the service ensures staff are qualified to prompt and administer medication and maintains mandatory vaccination and immunisation records for staff. Documentation showed the service maintains infection control policies and procedures. Staff have undertaken infection control training, and have access to personal protective equipment.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care.;

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable | Not applicable |

Findings

Consumers and representatives reported that the services they receive supports them to do the things they want to do such as access the community and complete activities of daily living which optimise their independence and quality of life. Care documentation showed consumer information is documented in a person centred format, with consumer preferences, interests and personal information informing goal setting and preferred routines.

Documentation showed the service maintains policies and procedures which support spiritual, emotional and psychological support through seeing consumers as a partner in service. Support workers and social support group staff described how understanding consumer backgrounds and preferences informed interactions, such as identifying preferred traditional music and dance or supporting engagement in religious activities. Staff reported reflecting on previous interactions as a reference for engaging in further interactions. Consumers and representatives advised staff and support workers were attentive to their emotional needs and alter their approach to ensure these needs are met.

Management and staff advised that CHSP and HCP consumers attend the social support group, noting this fosters cultural connections and maintains community engagement. Consumers and representatives reported the support workers have knowledge of the care and services they require. Staff demonstrated knowledge of consumer’s interests and preferences. Care documentation showed information including conditions, needs and preferences is provided to subcontracted staff and support workers.

The service has processes to promote timely and appropriate referrals for consumers. Staff advised that with consumer consent referrals are undertaken to other organisations as required. Documentation showed a service referrals form and approved subcontractor service provider lists are available to support consumer needs and goals.

Consumers attending social support group were satisfied with the quality of meals provided. The Assessment Team observed a variety of meals available for consumers, with cultural preferences for meals considered in menu development. Dietary needs and preferences are accommodated and documented in a dietary folder. Management advised the service provides nutritious and culturally considered meals as part of the social support group.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The Assessment Team observed the service environment to be suitable and accessible for consumers utilising mobility aids, easy to navigate, spacious and secure. Consumers described the service environment as welcoming with plenty of space to interact with other consumers.

Staff and management advised the service environment cleaning schedule includes a daily clean with support staff and weekly professional clean.

Staff and volunteers advised equipment, furniture and fittings are cleaned daily by staff. Management advised that maintenance concerns are reported to the treasurer. Consumers were satisfied that the furniture and fittings were clean and suitable.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives described how they can make a complaint and provide feedback to the service. Documentation showed the service maintains a feedback and complaints policy and procedure and undertakes an annual consumer feedback survey. Staff advised consumers are encouraged to provide feedback and make complaints via telephone or email, in person, or completing a provided feedback form. Management advised results from the consumer feedback survey are analysed for trends and inform actions in the organisations continuous improvement plan.

Consumers and representatives were satisfied they could raise a complaint with the service and would feel comfortable raising concerns with the service. Information on how to provide feedback or raise a complaint, as well as advocacy services, are displayed in multiple languages throughout the service environment. Staff described how both CHSP and HCP agreements contain information on advocacy and complaints resolution mechanisms.

Documentation showed the service has a complaint policy that describes the open disclosure process throughout the complaints handling and resolution process. The service’s complaints and feedback register was reviewed and demonstrates appropriate and timely action is taken response to complaints. Consumers and representatives stated they feel confident their complaints would be resolved in a timely manner, that the service is approachable, and they feel listened to.

The service reviews feedback and complaints trends to identify care and service improvements. Management advised that the service implements change where appropriate after reviewing complaints and feedback.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Management explained that workforce planning is informed through collaboration with the rostering team and ongoing review of staff records inclusive of staff qualifications and availability. The service has not had any unfilled shifts in the past month, and has a process to prioritise essential services if unfilled shifts occur. Staff reported they have enough time to complete their work effectively, and feel supported to undertake their role. Consumers and representatives advised that staff are punctual.

Consumers and representatives described interactions with staff as kind, caring and respectful, and value their identity, culture and diversity. The Assessment Team observed social support group staff interactions with consumers to be kind and respectful. Documentation reviewed showed the service maintains a code of conduct for staff and volunteers.

Staff have a position description that outlines roles and responsibilities, skills knowledge, qualities and experience required for their positions. Documentation showed the service maintains a register subcontractor probity checks, qualifications and skills relevant to the role requirements. Consumers and representatives were satisfied that staff are competent in their roles. Management advised the service determines staff competency through review of qualifications.

Management advised the service provides training resources, and described processes for identifying staff training needs through appraisal and a staff employment survey. Staff reported being provided training opportunities and feeling supported to undertake their role. Documentation showed a training matrix is maintained which outlines staff roles and completed and required training.

The service monitors staff performance through regular informal assessment and monitoring is undertaken between management and staff to review performance. Management advised the service is developing a performance validation tool and plan to develop a formal staff performance appraisal processes. Consumers and representatives reported feeling comfortable to provide feedback on staff and are provided an annual survey to provide feedback.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| 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 | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

The service seeks input from consumers via feedback processes including an annual feedback survey to inform improvements, and the continuous improvement plan showed past and ongoing actions of the services commitment to consumer engagement in the development, delivery and evaluation of care and services. Board members demonstrate a presence with consumers through regular attendance to the service including the social support group.

The governing body consists of board members with experience and knowledge to govern the service. The board maintains oversight of the quality of service through updates on workforce management, subcontractor reports and clinical data and governance reports. Board meeting agendas and minutes demonstrate the board review the care and services provided to determine that consumers are receiving safe, inclusive, and quality care.

The organisation has a password protected information management system which enables staff to access information relevant to their role. Documentation showed information management policies and procedures are maintained and available to guide staff in managing information.

The organisation uses consumer feedback and complaints and staff feedback to identify and develop continuous improvements actions. The continuous improvement register shows actions informed through consumer and staff feedback and provides linkages to the Quality Standards. The board review the continuous improvement plan during monthly board meetings and advised this informs the organisation’s strategic action plan.

Financial governance is overseen by a dedicated finance team that monitors spending and produces reports for the organisation. The board reported that the service reviews expenditure and advised the organisation is maintaining quality services while ensuring financial congruence with the strategic action plan. Home care package consumers receive support to understand their budget and expenditure and maintains records of consumers with high levels of unspent funds to prompt budget discussions with these consumers to ensure they are receiving appropriate supports. Management advised the organisation uses an accounting firm to manage funds and undertakes an annual financial audit.

The organisation ensures workforce governance through the maintenance of human resources procedures and policies, an induction process, training and education and review of feedback and complaints regarding staff competency.

Management advised the organisation remains informed of regulatory requirements and changes through updates from governing bodies, with relevant information distributed via email and staff meetings. The organisation maintains workforce compliance for internal and external staff related to qualifications and vaccinations.

The organisation has a complaints and feedback register and feedback and complaints policy and process, which demonstrates an understanding of the Quality Standards.

The organisation maintains risk management systems and practices which identify and document consumer risks, including the maintenance of a vulnerable consumer record. Management of high impact or high prevalence risks associated with the care and services of consumers is reflected in consumer care documentation and regularly updated.

Education is provided to staff to support identifying abuse and neglect, with staff reporting discussing identifying abuse and neglect in practice during staff meetings.

The board has participated in a dignity of risk presentation and engaged an external consulting firm to provide training related to promoting a balanced approach to risk that supports consumers to live the best life they can. Documentation showed policies and procedures are maintained related to consumer choice.

The organisation has an electronic incident management system accessible to all staff. Incident management training including the Serious Incident Response Scheme has been provided to the board and staff. Staff advised they are guided by the incident management system in responding to, and managing, risks.

The organisation’s governing body has a clinical governance framework that includes infection control, antimicrobial stewardship, minimising the use of restraint and open disclosure. The clinical governance meeting agenda and minutes demonstrate review of adverse events reports, clinical deterioration responses, medication management, infection prevention and control including microbial stewardship and clinical policies and practice. Clinical care improvements for consideration are reviewed by the clinical governance committee.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)