**Performance**

**Report**

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| Name: | Melbar Pty Ltd |
| Commission ID: | 201319 |
| Address: | Quad 2, Level 2, 6 Parkview Drive, SYDNEY OLYMPIC PARK, New South Wales, 2127 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 6968 Melbar Pty Ltd  
Service: 26448 Melbar Pty Ltd

**This performance report**

This performance report for Melbar Pty Ltd (**the service**) has been prepared by G Tonarelli, 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.

# Material relied on

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

* the assessment team’s report for the quality audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others; and
* the provider’s response to the assessment team’s report received 24 April 2024.

# 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 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.

# Other relevant matters:

* Requirement (3)(f) in Standard 4 was not assessed as part of the quality audit as the service does not provide or broker meal services as part of its service provision. Therefore, this requirement is not applicable.
* Standard 5 was not assessed as part of the quality audit as the service does not provide social support group activities within a service environment or centre based respite. Therefore, this Standard is not applicable.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed the service delivers personalised care in line with consumers’ identity, culture, and diversity. Consumers and representatives gave examples of how staff deliver diverse and respectful care and know consumers’ backgrounds and preferences. Staff described different ways they ensure consumers are respected and diversity is valued, including obtaining consent prior to engaging in a service or checking-in with the consumer to ensure care is delivered to their standards.

The service collects consumers’ cultural, religious and background information and preferences through its assessment and planning processes. The service identified the majority of its consumer cohort are Chinese and speak and read Chinese languages. Consumers and representatives confirmed the service accommodates consumers’ cultural needs and preferences and offers variation and choice when these needs cannot be accommodated at short notice. Staff reiterated the importance of maintaining consumers’ connection to their Chinese culture and described that connection to culture equates to quality of life.

Consumers said they are supported to exercise choice and make decisions about care and services received. The service demonstrated consumers participate in all aspects of assessment and planning and include representatives and advocates for consumers with limitations. Documentation and consumer/representative feedback confirms consumers are supported by the service to choose the types of care and services they receive, the time of day they are delivered and the gender of and language spoken by their support staff. Consumer and representatives said information is provided in both English and Chinese languages to enable them to make informed decisions about care, including who is involved. Staff gave examples of how they support consumers to maintain connections of importance and documentation demonstrated the involvement of others in decision making.

Staff demonstrated an awareness of consumers who want to partake in activities or make decisions that involve an element of risk, and provided examples of how they support consumers to engage in such activities safely. The service has a suite of assessment measures to capture, assess and implement strategies to mitigate risk, including tools, checklists, and referrals allied health assessments. Policies and procedures guide staff practice on risk assessment and management, and all staff have completed training in ‘Dignity of risk’ concepts.

Information provided to consumers is communicated clearly, and in a way that enables them to exercise choice. The service offers various communication platforms to support bi-language engagement, including a mobile application platform in Chinese languages. All care staff, case managers and coordinators are fluent in predominant Chinese languages and English. The assessment team observed written information provided to consumers in both Chinese and English, including service agreements, consumer handbooks, newsletters, and invoices.

Consumers and representatives confirmed staff are respectful of consumers’ privacy, and management described processes to ensure personal information remains confidential. Documentation confirmed the service records consumer consent where information about their care is shared externally.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

Consumers and representatives are satisfied with assessment and planning processes, including being actively involved in discussions relating to consumers’ needs, goals, and preferences. The service identified a suite of polices, validated assessment tools and risk screening measures to guide staff in assessment and planning processes, to develop safe and effective service plans. Staff were knowledgeable about consumers’ individual health conditions and provided examples of tailored strategies to minimise associated risks. Care documentation confirmed a risk-based monitoring approach.

Staff and documentation confirmed consumers’ needs, goals, and preferences are captured upon commencement of services and through ongoing assessment and planning. Consumers confirmed they engage in assessment and planning processes and decide who engages in the delivery of care and services. Representatives gave examples of how the service provides care in line with consumers’ needs, goals, and preferences. In relation to the needs and preferences of consumers nearing end of life, the service demonstrated a policy and process to guide staff in capturing preferences during initial assessments and planning reviews. Some consumers and representatives confirmed the service had discussed end-of-life planning; others could not recall having this conversation. While the assessment team’s findings did not articulate whether end-of-life preferences are documented/captured in consumers’ care/support plans, staff said they have sufficient knowledge and information to carry-out associated care and services effectively. I would encourage the provider to implement measures through planning reviews to capture end-of-life needs and preferences for all consumers and update the consumer’s care and services plan accordingly.

Staff described how they collaborate with consumers/representatives and external service providers during initial assessment and as consumers’ needs change. Consumers confirmed the service encourages them to make decisions about their care delivery and representatives confirmed the service makes it easy for them to be involved. Care documentation supports ongoing collaboration between external service providers, consumers, and their representatives. Consumers and representatives said they are supported by a registered nurse and care managers to understand the consumer’s support plan and service agreements and receive a copy to retain in their home. Staff described how they access support plan instructions and remain informed of changes to consumer needs.

Management confirmed care plans are reviewed annually, or when consumers’ circumstances change. Consumers and representatives said, and care documentation confirmed, reviews are regular and are up to date. Consumers and representatives were satisfied with the provider’s communication and felt supported to adjust services as required.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

**Findings**

Consumers and representatives are confident the personal and clinical care provided, is safe, suitable and tailored to consumers’ needs. Representatives and staff demonstrated an understanding of each consumer’s needs, goals and preferences and gave examples of how the service customises personal and clinical care accordingly. Care documentation demonstrated clinical oversight by the service ensuring care by brokered or internal staff is best practice and optimises the health and well-being of consumers. Care and support plans detailed strategies to guide all clinical staff in delivering safe and effective services.

Care planning documents demonstrate effective management of risks to consumers and outline individual strategies to mitigate them. Staff described a process to identify, assess, measure, and respond to risks associated with consumers’ clinical care and independent living. Vulnerabilities and high impact/high prevalence risks to consumers are recorded in an electronic information system, consumer progress notes, clinical risk register and risk register for ongoing monitoring and intervention. The assessment team sited various assessment tools, policies, and procedures to guide all staff in the delivery and management of high-risk clinical care.

Feedback from consumers and representatives indicate conversations about end-of-life preferences held by the service during onboarding assessment and re-assessments. While the information gathered by the assessment team in requirement 2(3)(c) does not articulate whether consumer end-of-life preferences are recorded in care/support plans, staff and management are confident the needs and preferences of consumers nearing end of life, are recognised by the service to maximise dignity and comfort. While the service does not currently have consumers receiving end-of-life care, staff described how they collaborate with medical practitioners and palliative care services during a consumer’s time of need.

Consumers and representatives said staff knew consumers’ needs well and do not need to repeat instructions or direct care/services. Staff described several ways they receive up-to-date information and alerts about the consumers they are providing care for, including a mobile application, verbal contact with coordinators and through progress notes. Documentation confirmed information is shared with brokered clinical services responsible for the delivery of complex clinical care.

Consumers and representatives expressed confidence in staffs’ ability to identify a change in conditions or deterioration and respond accordingly. Staff articulated a process to escalate deterioration, including calling paramedics in an emergency and reporting changes to coordinators and the service via incident registers and progress notes. When change occurs, a registered nurse conducts a clinical assessment/investigation and initiates timely referrals to external organisations, allied health professionals or medical practitioners, where appropriate. The assessment team cited a client deterioration policy and mandatory training modules to guide staff in identifying changes or deterioration.

Consumers said staff use personal protective equipment (PPE) and adhere to hand hygiene techniques to minimise the transmission of infection. Staff confirmed they have access to PPE supplies and attend regular training in infection prevention and control. The service has policies and procedures to guide staff on preventing and managing infection related risks, particularly where clinical care is provided. Mandatory training and policies on appropriate antibiotic prescribing is delivered to staff, and staff described how the service monitors and tracks consumers prescribed antibiotics to mitigate antimicrobial resistance.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal and clinical care with consumers compliant

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is compliant as six requirements assessed have been found compliant. The assessment team recommended requirement (3)(g) in this Standard not met.

**Requirement (3)(g)**

In relation to Requirement 3(3)(g), the assessment team were not satisfied with the systems, policies and procedures to check, track and schedule maintenance on consumer equipment.

The assessment team identified the following deficits:

* Management identified there is no regular servicing scheduled on mobility equipment, including shower chairs, wheelchairs and 4-wheel walkers.
* The service has a draft equipment register in process, however, no period for completion was identified. The assessment team did not sight an associated action item on the Plan for Continuous Improvement (PCI) register; however, they were shown a project to create an equipment register and sighted leadership meeting minutes confirming an equipment register is to be established.
* While the service demonstrated methods to check and monitor equipment, including during support plan reviews every 3-12 months and through consumer feedback/contact, the assessment team did not cite any information in policies or procedures to guide staff on how to check whether equipment is in working condition.

The provider, in their response to the assessment team’s report, disagreed with the assessment team’s findings and submitted clarifying, additional and commentary information:

* In relation to establishment of the equipment register, the provider confirmed it has an relevant activity on its PCI register, with a commencement and completion date of 21 September 2022 and 9 May 2024, respectively. The provider acknowledged this information was not given to the assessment team at the time of the audit, however, provided evidence of the PCI entry to the decision maker, demonstrating a series of progress entries since its commencement, confirming the establishment of a Consumer Equipment Register, Consumer Equipment Management Policy and associated procedures. The provider identified other strategies to monitor maintenance issues and repairs, including:
* the WHS Assessment Form, which must be completed at intake, bi-annually or as required when issues are identified;
* a hazards dentification register/system used to identify and report on hazards and near misses, for all staff to observe and;
* the implementation of an Equipment Hire Agreement form capturing equipment details and provisions relating to service/maintenance schedules, which feeds into the equipment register.
* In relation to policies and procedures to support staff to check equipment and mitigate associated risks, the provider has developed an Equipment Management Policy inline with the PCI entry. The provider confirmed all staff were notified and asked to review the updated content. Staff directly involved in assessing consumer equipment are given additional supports through education, at internal meetings, WHS noticeboards and following internal audits of equipment.

In considering information from the assessment team’s report and the provider’s response relevant to this specific requirement, I am of the view that the provider is/has taken reasonable steps to ensure that equipment provided (by the service or owned by the consumer through the purchase of HCP funds), is clean and well maintained. I acknowledge the evidence highlighted by the assessment team; however, I have reached a different finding to the assessment team’s recommendation and find requirement (3)(g) compliant.

I have placed weight on the provider’s response which includes comprehensive evidence to support the planned establishment of an Equipment Register and supporting policies and procedures to dictate and guide staff responsibilities on how to assess equipment to mitigate risks, hazards, and new misses. The provider’s response demonstrates a planned approach to addressing the deficits identified by the assessment team. The planned actions are appropriate and appear to be finalised to address deficits identified. I have also considered feedback from consumers, representatives and staff which indicates equipment provided through the consumer’s packages are safe, suitable, and inspected regularly.

**In relation to all other requirements**, sampled consumers confirmed they get services and supports for daily living that are important to them and enable them to live independently. A representatives gave examples on how the service’s provision of care optimised the wellbeing of a consumer, during a time of grief. Documentation confirms procedures are in place to capture and document consumer preferences, and strategies implemented. Services provided to consumers are available in their native language to encourage and enhance independence.

Representatives and staff confirmed the service is dedicated to enhancing consumers’ emotional, spiritual, and psychological well-being through daily living supports, and care. A representative noted improvements to a consumer’s emotional well-being following emotional support provided by the service, and staff described strategies used improve consumers’ well-being when they notice a change or decline in mood. Representatives confirm supports for daily living enables consumers to participate in activities of interest and maintain connections of importance. Staff and representatives described how the service uses its transport and social services to support consumers to remain active and connected to their community. Management also described various information sessions and Chinese culture events hosted by the service, at local community centres.

Staff described how the organisation keeps them information of consumers’ needs, preferences and outlined the methods they use to document care outcomes and report on changes following service delivery. Staff described how information is shared with allied health or external organisations, and consumers and representatives confirmed the service obtains consent before doing so. Documentation confirmed allied health or external medical interventions are identified and timely referrals made.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said they are encouraged by the service to provide feedback and know how to, should the need arise. Staff described various methods to facilitate feedback from consumers, including a quick response QR Code, email, paper feedback form and via the service website. The internal complaints process is published in English and in Chinese languages on the service’s website, in the consumer newsletters and in monthly home care package statements.

Consumers and representatives are aware of internal and external advocacy and language services, and external mechanisms available to escalate complaints. Staff said they assist consumers to lodge feedback internally and to external services, including the Aged Care Quality and Safety Commission. Documentation within consumers’ home care agreement included information on advocacy and language services, including instructions on how to access interpreters.

Consumers interviewed affirmed the service addresses feedback relating to the provision of care and services, and described how the service has collaborated with them to reach positive outcomes. Management described a process to manage complaints internally and complaint records observed open disclosure principles. Staff stated and documentation confirmed, the service consults with consumers and representatives throughout the process and use a collaborative approach to reach a resolution.

The service has an incident management system to log, analyse and track feedback. Data is used to inform analysis of current trends, present reports to management and guide continuous improvement. Management gave an example of a recent systemic complaint trend, and documentation demonstrated how the service used this data to improve services for its consumers.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Consumers and representatives confirmed receiving quality services from regular staff, who meet consumers’ needs and preferences. Consumers said staff are punctual and can complete all assigned tasks in their home. Staff confirmed they have sufficient time and to deliver services in a safe manner. Consumers said staff are kind, caring, respectful and are responsive to their needs. The ability to speak fluent Chinese languages is a desirable component of the service delivery and staff described how they are bilingual and matched with consumers who speak the same dialect. Values and diversity training is delivered to staff annually and service has competency-based assessments to monitor kind and respectful workplace interactions.

Management described various methods to ensure a sufficient workforce and documentation demonstrated a service workforce matrix outlining staff location, specialised skills, language spoken, gender and other characteristics to appropriately allocate its workforce. Documentation showed and staff confirmed a high volume of unallocated shifts for period of one month in 2024. Management confirmed these shifts were unfilled due to consumer choice and preferences (gender and language dialect of available staff), however, articulated strategies implemented to ensure the priority shirts were covered, and personal and clinical care continued to be delivered in line with consumer needs.

Consumers confirmed staff are competent to deliver the care and services. The service ensures internal and third-party contract staff have the qualifications and knowledge to effectively perform their recruited roles. Staff participate in induction and mandatory training and deliver care inline within their skills, and scope of practice. Management demonstrated a staff training matrix covering all aspects of care, and staff confirmed access to online and face-to-face competency-based training. The service maintains a staff qualification register to record qualifications, registrations, licences, and to track and monitor continuing professional development and competencies to ensure staff remain up to date.

The service undertakes regular assessment and review of all staff performance. Management said staff receive annual performance reviews and ad hoc competency-based supervision to assess core competencies in care delivery. An Internal operating system monitors and tracks staff annual appraisals and compliance requirements and confirmed a 100% completion rate.

Based on the assessment team’s report and provider’s response, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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 |
| 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 |

Findings

Consumers and representatives are engaged in the development, delivery and evaluation of care and service. The organisation uses various mechanisms to consult with and capture input from consumers and representatives, including a consumer engagement group, verbal feedback and written forms, a mobile application messaging service and through a Consumer Advisory Committee.

The organisation’s governing body is made up of three directors with the appropriate skills and knowledge to promote a culture of safe, inclusive, and quality care and services. The organisation demonstrated reporting mechanism to ensure the governing body are informed and accountable for the delivery of care. A review of recent board minutes confirmed quality indicators were acknowledged and discussed.

The organisation has governance frameworks to support all aspects of the organisation, including information systems; continuous improvement; financial and workforce governance; and complaints and feedback. Management demonstrated processes to ensure these areas are monitored and regularly reviewed. Electronic information is safely stored across various information systems, used to record, and report on all aspects of organisational governance. The organisation confirmed information systems are restricted by password and authentication access.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. The organisation utilises an electronic care management system and clinical risk register to monitor and track high impact, high prevalence risks. Staff and management described procedures and strategies to mitigate incidents and risks to identified consumers, including self-auditing tools and schedules to monitor identified concerns.

There is a clinical governance framework that guides staff on delivering safe and quality clinical care to consumers. The framework includes policies for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The organisation has developed clinical validation tools to underpin clinical governance, compliance, and quality of clinical matters, including antimicrobial stewardship which is overseen by registered nurses and service employees. Staff interviewed demonstrated awareness of open disclosure and the organisation demonstrated policies to guide staff in this process.

Based on the assessment team’s report and provider’s response, I find all requirements in Standard 8 Organisational governance.

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