Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Bupa Maroubra | 18 August 2022 |
| Commission ID: | Activity type: |
| 2585 | Site audit |
| Approved provider: | Activity date: |
| Bupa Aged Care Australia Pty Ltd | 13 July 2022 to 15 July 2022 |

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 Bupa Maroubra (**the service**) has been considered by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

# Material relied on

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

* the assessment team’s report for the Site Audit, undertaken 13 July 2022 to 15 July 2022. The Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 9 August 2022.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* The service has implemented all actions identified in their plan for continuous improvement and response to the Site Audit report.
* Standard 3, Requirement 3(3)(b) – The high impact or high prevalence risks associated with the care or activities of consumers are consistently identified and managed effectively.

Standard 8, Requirement 8(3)(d) – Risk management systems and practices implemented at the service are effective in managing high impact risks associated with the care or activities of choice for consumers, and preventing, managing and reporting of incidents.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said staff recognise the consumer’s individual needs and choices, and make the consumer feel respected. Consumers and representatives interviewed said they feel supported by the service to exercise choice and independence to be involved in making decisions about the care they receive and how it is delivered. They feel they can make decisions about their family and friends and who is involved in their care and communicate these decisions. Consumers said staff are respectful and were able to provide examples how staff are respectful of their privacy.

Consumers interviewed confirmed they are provided with current information in many forms to assist with their decision making. This includes verbally at meetings, one-on-one, during activity programs, survey feedback, daily newsletters, minutes of meetings and COVID-19 updates via service management.

The Assessment Team observed staff interacting with consumers respectfully, greeting consumers and their family members with familiarity and interacting with consumers in a dignified and respectful manner during personal care.

Staff demonstrated they are familiar with consumer’s backgrounds and described the ways they enable and support consumer’s lifestyle choices and preferences on a day-to-day basis. Staff were able to describe how each consumer’s culture and background influences the delivery of their care and services.

The service supports consumers to take risks to enable them to live the best life they can. The service supports consumers to make their own decisions by ensuring consumers and their family and representatives understand risks associated with the activity they wish to undertake.

Staff have undertaken training and education in relation to this Standard. This includes consumer dignity and choice, culturally safe care, identifying and addressing personalised goals, and privacy.

I find the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

* Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said they were involved in the assessment and planning of their care and services. Consumers interviewed did not indicate or recall being aware of the availability of their care plans or the overall outcomes of assessment, however no consumers expressed concern regarding this. Representatives interviewed indicated they are aware of the consumer’s care plans and the clinical staff keep them well updated regarding any consumer care changes.

Overall, the service demonstrated they have a partnership with consumers and representatives in the care assessment and planning for the consumer. Assessment and planning includes other organisations, individuals and providers of care and services that are involved in the care of the consumer.

Care planning and assessment documentation for some consumers considered risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services. The service has a process to guide nursing staff in the completion of assessments for consumers on entry to the service. However, care planning documentation for other consumers sampled did not identify high impact risks to consumer health and safety such as risks associated with smoking and choking. This has been considered under Standard 3.

Care plans are developed to include consumer needs and preferences, and documented consumer goals are generally individualised to the consumer. For the consumers sampled, care planning documents included advance care planning and end of life planning if the consumer and/or representative has agreed to completing this.

Care plans reviewed demonstrated regular reviews of care and services for consumers. Review of consumer care and services is also conducted when changes occur in their needs and following incidents such as falls.

I find the following requirements are compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

* Requirement 2(3)(d)

Requirement 2(3)(e)

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Non-compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

Most consumers and representatives interviewed by the Assessment Team considered that consumers receive personal care and clinical care that is safe and right for them. Care documentation reviewed by the Assessment Team demonstrated that overall consumer clinical care is effective, safe, meets their needs and optimises their well-being. This included in relation to the monitoring and management of diabetes, pain, wounds, skin integrity, and minimisation of restrictive practices. While documentation indicated that the monitoring of a consumer’s behaviour is occurring, staff are not consistently identifying the triggers for the consumer’s behaviour.

Care documents reviewed demonstrated that consumers are given opportunities to express their needs, goals and preferences regarding end of life care, these are documented, and planning occurs to ensure their comfort is maximised and their dignity is preserved. For a consumer who passed away at the service, care documents reviewed demonstrated end of life care interventions commenced in line with the consumer’s end of life wishes, their comfort was maintained, and medical officer kept informed.

For the consumers sampled, care planning documentation indicates there is identification of, and response to, deterioration or changes in condition. Documentation sampled, and consumers, representatives and staff interviewed by the Assessment Team, indicate that consumers are referred to appropriate services and specialists in a timely manner and in response to consumer needs.

Documentation sampled indicates information about the consumer’s condition, needs and preferences is communicated in the service’s electronic information management system. Information is available to those who share responsibility for the consumer’s care and staff demonstrated an awareness of consumer’s needs and preferences.

Staff interviewed by the Assessment Team generally demonstrated an understanding of antimicrobial stewardship, the principles for infectious outbreaks, and standard precautions. The Assessment Team observed appropriate standard and transmission based precautions to prevent and control infection onsite, and the service has policies and procedures outlining outbreak management and antimicrobial stewardship.

I find the following requirements are compliant:

Requirement 3(3)(a)

Requirement 3(3)(c)

* Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

The Assessment Team identified deficits in the identification and management of high impact and high prevalent risks associated with the care of some sampled consumers. For one consumer, behavioural incidents were not effectively managed resulting in poor outcomes for the consumer and other consumers residing in the service. For a consumer who chooses to smoke, while an assessment was conducted, this did not consider all associated risks with the consumer’s smoking. For one consumer at risk of choking and aspiration, while this was identified by the service, interventions to consistently manage this risk during assistance with feeding were not evident. For a consumer who leaves the service, associated risks with this activity had not been identified by the service. Risks to the safety and comfort of consumers had not been effectively identified and monitored by staff.

The approved provider’s response includes some clarifying information regarding the consumers identified in the Site Audit report and some risk minimisation interventions in place at the time of the Site Audit. This demonstrated that for the consumer at risk of choking and aspiration, interventions and management strategies to ensure minimisation of risks when feeding were in place at the time of the Site Audit. The service demonstrated the risks for this consumer were managed effectively.

However, for the other consumers named in the Site Audit report, the service did not demonstrate risks associated with their care or activities were consistently identified or effectively managed.

The approved provider’s response demonstrates that since the Site Audit, a file review for consumers identified in the Site Audit report has occurred to better identify and manage associated risks. The service has addressed communication gaps by sending memos and conducting education so staff are up to date with consumer’s current risks and management strategies to ensure the safety and wellbeing of consumers.

At the time of the Site Audit, the service did not demonstrate the high impact or high prevalence risks associated with the care or activities of consumers were consistently identified and managed effectively.

I find the following requirement is non-compliant:

Requirement 3(3)(b)

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team confirmed they receive safe and effective services and supports for daily living. Consumer’s needs, goals and preferences are identified through a process of assessment with the consumer and/or their representative, and the services and supports provided enable consumers to optimise their independence, health, well-being and quality of life.

The service demonstrated it provides services and supports to promote each consumer’s emotional, spiritual, and psychological wellbeing. Consumers interviewed indicated these needs are being met.

Consumers interviewed confirmed they are supported to participate in their community within and outside the service environment, to have social and personal relationships, and to do things of interest to them. There is a lifestyle program with a variety of group activities run in the service to support consumer’s leisure interests and social needs. Consumer preferences and feedback is incorporated into the lifestyle program at the service.

The service accesses external service providers to supplement the lifestyle services and supports within the service to meet consumers’ needs. This includes dementia support services, emotional well-being programs, church services and an in-house hairdresser.

Most consumers interviewed were satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat. One representative commented that the chef has been working with both the dietician and speech therapist so their consumer who is on a modified diet can still enjoy their favourite foods.

Observations by the Assessment Team demonstrated the equipment used for daily living is safe, suitable, clean, and well maintained.

I find the following requirements are compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

* Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team said the service environment is welcoming to them, and their visitors. Consumers said they were satisfied with the cleanliness of the service. They stated the service is well maintained, and they have access to indoor and outdoor areas. Consumers interviewed indicated they feel safe when staff are using equipment with them and are satisfied the furniture, fittings and equipment provided is suitable for their needs.

Consumers are supported to personalise their rooms, and the service encourages consumers to bring in items that create a homelike environment. Consumers are encouraged to place photos and objects of sentiment including items of cultural importance throughout their rooms.

Overall, the Assessment Team observed the service environment to be safe and clean. However, some consumer rooms, corridors and communal areas required some scheduled maintenance including repairs, repaint of peeling materials, and scuff marks on consumer doors and walls. The Assessment Team observed the furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumers.

The Assessment Team reviewed preventative and reactive maintenance schedules, work logs and internal audits. A review of the maintenance program and records shows reactive maintenance is carried out in a timely manner and prioritised by maintenance staff. Preventative maintenance is carried out according to the schedule set by the organisation or according to legislative requirements set by the governing body.

A review of the cleaning audits show cleaning is carried out regularly for all areas of the service, and any gaps identified have been followed up and signed off by staff.

I find the following requirements are compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrated consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. The service promotes various avenues for consumers and representatives to raise feedback and complaints. This includes written materials, resident and relative meetings, via phone, and face-to-face with management.

Consumers interviewed by the Assessment Team confirmed when they had raised complaints their concerns were addressed, and an open disclosure process was used.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff interviewed were able to describe the feedback and complaints process and services available to support consumers such as interpreters, and other aged care advocacy organisations.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Management described how feedback and complaints are incorporated in the organisation’s plan for continuous improvement. Consumers and management were able to describe care and service improvements resulting from feedback and complaints.

I find the following requirements are compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found the service was able to demonstrate that the workforce is planned to enable, and the number and mix of staff deployed enables, the delivery and management of safe and quality care and services. There was mixed feedback from staff and consumers about sufficiency of staff, however recent consumer and representative feedback received by the service and the Assessment Team was positive regarding provision of care and services. Review of staff allocation data for the week prior to the Site Audit showed that all care and nursing shifts were filled, however there were some cleaning shifts unable to be filled. Call bell and sensor mat response times were within the organisation’s expectations.

Consumers interviewed said staff are kind, caring and gentle when providing care. The Assessment Team observed staff interactions to be kind, caring and respectful. Consumers interviewed felt confident that staff were skilled enough to meet their care needs.

The service demonstrated that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Staff receive induction and ongoing education relevant to their role and responsibilities in relation to the Quality Standards, and training records show high completion rates for mandatory training. An annual staff education needs analysis informs the training program and this is reviewed with additional education provided when skill or knowledge gaps are identified through incidents, consumer feedback, or when regulatory changes occur.

Overall, the service demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has a staff performance framework that commences at probation. Annual performance review records showed that most staff have current performance reviews.

I find the following requirements are compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Non-compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The service demonstrated consumers are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement. This includes through involvement in care planning, food focus groups, resident and relative meetings, and resident and representative surveys.

The service demonstrated the Board had been involvement in recent changes made to improve consumer experience, and in the reporting of COVID-19 related-incidents. The Board demonstrated it satisfies itself that the Quality Standards are being met within the service, and communications have come from the Board to staff and consumers regarding the Quality Standards and what it means for them.

The service demonstrated organisation wide governance systems and the clinical governance framework implemented at the service are effective.

I find the following requirements are compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(e)

The Assessment Team found the service was unable to demonstrate effective risk management practices for some consumers and certain types of incidents. The service has a policy for dignity of risk to ensure consumers can live the best life they can. However, for some consumers being supported in the dignity of risk process, serious risks to their health, safety and wellbeing, and potentially that of other consumers, were not identified by the service and strategies were not put in place to mitigate these risks. The service demonstrated effective identification and response to a serious incident involving a consumer that was reviewed by the Assessment Team. However, review of the Serious Incident Response Scheme (SIRS) incident reports register showed that the service failed to identify and report other incidents that met SIRS legislative reporting criteria.

The approved provider’s response demonstrates that since the Site Audit, a file review for consumers identified in the Site Audit report has occurred to better identify and manage associated risks. The approved provider’s response identifies that education regarding dignity of risk has occurred, and relevant staff have been provided a copy of this procedure. To ensure policies and procedures are effectively implemented, clinical management will have increased oversight of the dignity of risk assessments and register.

In their response, the approved provider acknowledges that the incidents identified in the Site Audit report were not actioned in accordance with organisational processes and SIRS legislation. The service has since reported these incidents under SIRS and entered them into the service’s incident management system. The service has since reviewed all reported incidents and SIRS reporting to test these systems are working effectively.

At the time of the Site Audit, risk management systems and practices implemented at the service were not effective in relation to managing high impact risks associated with the care or activities of choice of some consumers, and preventing, managing and reporting of incidents.

I find the following requirement is non-compliant:

Requirement 8(3)(d)

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)