

Bupa Care Services NZ Limited - Liston Heights Rest Home & Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Liston Heights Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 June 2015 End date: 22 June 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	65



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Liston Heights is part of the Bupa group and provides rest home, dementia and hospital level care for up to 75 residents. On the day of audit, there were 65 residents. The service is managed by a care home manager. The residents and relatives interviewed all spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations, and interviews with residents, family, management and staff.

The service has addressed the three shortfalls from the previous certification audit around informed consent, aspects of care planning and progress reporting and medication timeframes.

This surveillance audit identified that improvements are required around open disclosure, staff training, and aspects of medication documentation.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

Some standards applicable to this service partially attained and of low risk.

The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Evidence of communication is documented on the family/whanau communication record, which is held in the front of the residents' files and on accident/incident forms.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Some standards applicable to this service partially attained and of low risk.

Services are planned, coordinated, and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. Corrective actions are implemented where opportunities for improvements are identified. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. On-going education and training is in place, which includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, seven days a week. Residents and families report that staffing levels are adequate to meet the needs of the residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. The assessments, care plans, interventions and evaluations are completed within the required timeframes. Residents and families interviewed confirm they participate in the care planning process. The general practitioner reviews residents at least three monthly. There is evidence of allied health professional input into the care of residents as required.

The activity programme is varied and appropriate to the level of abilities of the residents at rest home, hospital and dementia level of care. Community links are maintained. Entertainment and outings are provided.

Medications are managed, stored, and administered in line with medication requirements. Medication training and competencies are completed by all staff responsible for administering medicines. Medication charts evidence three monthly reviews.

Food is prepared on site with individual food preferences and dietary requirements assessed by the registered nurses. Alternative choices are offered for dislikes. There are nutritious snacks available over a 24 hour period.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

A current building warrant of fitness is posted in a visible location.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

Enablers are voluntary and the least restrictive option. There were two residents with enablers and two residents with restraint.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator uses the information obtained through surveillance to determine infection prevention and control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	14	0	2	1	0	0
Criteria	0	37	0	2	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There are established informed consent policies/procedures including advanced directives. General consents were obtained on admission as sighted in six of six residents' files samples (two rest home, two hospital, two dementia care). There are written consents for specific treatments such as influenza vaccines. Consent forms (sighted) for the influenza vaccine had the date of administration recorded on the consent form. The previous finding around influenza dates of administration has been addressed.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is	FA	The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the care home manager using a complaints' register. Documentation including follow up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner. Follow-up documentation to the complainant includes information relating to the Health and Disability Advocacy Service. Discussions with seven residents (five rest home level and two hospital level) and six relatives confirmed they were

understood, respected, and upheld.		provided with information on complaints and complaints forms. Complaints forms are also available in a visible location at the entrance to the facility.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	PA Low	<p>Policies and procedures relating to accident/incidents and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whanau is recorded on the family/whanau communication record, which is held in the front of each resident's file. Accident/incident forms indicate if next of kin have been informed (or not) of an accident/incident. Evidence that open disclosure of accident/incidents had occurred was missing in four of the fifteen accident/incident reports and corresponding family contact sheets. One of six relatives interviewed with a resident in the dementia unit reported that she was not informed of a skin tear that the resident received.</p> <p>An interpreter policy is in place. Contact details of available interpreters are available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay that are not covered by the agreement.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Liston Heights Rest Home and Hospital is a Bupa residential care facility, situated in Taupo. The service currently provides care for up to 75 residents at hospital, dementia and rest home levels of care. On the day of the audit there were 65 residents - 25 hospital level residents, 31 rest home level residents and nine residents living in the secure dementia unit.</p> <p>A documented vision, mission statement and objectives are in place. Three annual goals for the facility were determined in January 2015, which link to the overarching Bupa strategic plan. These goals (reducing falls by 10%, reducing incidents by 10% and maintaining occupancy at 95%) are scheduled to be reflected on quarterly.</p> <p>The facility is managed by a care home manager who was employed only two weeks prior to the audit. She is a registered nurse with a current practising certificate. She has held managerial district health board (DHB) roles for over four years including associate director of nursing. She holds a master's degree in nursing and post graduate diploma in health sciences. Her orientation programme includes (but is not limited to) being buddied with an interim facility manager. She is supported by a clinical manager/registered nurse. She is currently learning the Bupa systems. The relieving manager, who has been managing the facility for the past six weeks, was unavailable until the closing meeting as she was off site at a training day. Benchmarking is in place against other Bupa facilities. Corrective actions are required when key indicators are above the accepted threshold. The development and monitoring of the implementation of corrective actions are the responsibility of the clinical nurse manager with oversight by the Care Home Manager. Corrective actions documented are listed by the resident's involved (e.g.,</p>

		<p>falls, pressure areas) and document actions taken for each resident. Missing are preventative strategies for all residents.</p> <p>The facility has implemented a health and safety programme including the Bupa Bfit programme. Health and safety is the responsibility of the relieving manager/care home manager. This was then completed by the relieving manager. An analysis of health and safety data was not available for sighting during the audit although the relieving manager reports that this has been completed.</p> <p>A previous rating of continuous improvement for criterion 1.2.1.1 is now rated as fully attained.</p> <p>The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service. During her first week of employment she attended a two-day Bupa managerial regional forum.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A quality and risk management programme is in place. Interviews with the care home manager, clinical manager and staff (five caregivers, one registered nurse, one activities assistant and one cook) reflected their understanding of the quality and risk management systems that have been put into place.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures have been updated to include appropriate reference to InterRAI for long term care facilities. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality data is benchmarked against other similar Bupa facilities. Quality and risk data, including trends in data and benchmarked results are discussed in staff meetings. Corrective actions are being implemented and signed off by the care home manager and clinical manager when completed.</p> <p>Falls prevention strategies are in place that includes the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. A health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety Plan. Health and safety goals are reviewed regularly. Hazard identification forms and a hazard register are in place. The organisation holds tertiary accreditation by ACC for their workplace safety management programme.</p>
Standard 1.2.4:	FA	Individual reports are completed for each incident/accident with immediate action noted and any follow up action(s)

<p>Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>required (link to finding 1.1.9.1). Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and/or follow-up by a registered nurse. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files that were randomly selected for review (three caregivers, one registered nurse and one cook) included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. Staff interviewed stated that new staff are adequately orientated to the service.</p> <p>An education and training programme is in place for staff. Registered nursing (RN) staff are encouraged to complete their professional development and recognition programme (PDRP) portfolios. There are sufficient numbers of RNs competent in InterRAI.</p> <p>Six caregivers work in the secure dementia unit. Three of the six caregivers have been employed for less than one year and are enrolled in the dementia training programme through Career Force. Two caregivers have completed the dementia training and one caregiver, who has been employed for over one year has not yet completed the required unit standards.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from</p>	FA	<p>The staffing levels meet contractual requirements. The care home manager and clinical manager are registered nurses who are available during weekdays and share on call. Adequate RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of caregivers. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p>

suitably qualified/skilled and/or experienced service providers.		
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All registered nurses responsible for the administration of medications complete an annual medication competency and attend medication education. All medications are checked on delivery against the medication charts. Standing orders are current and meet the requirements for standing orders. There are policies and procedures in place for self-medication. The 12 medication charts sampled had photo identification. The GP had reviewed the medication charts at least three monthly. Anti-psychotic management plans are used for residents with dementia when medications are commenced, discontinued or changed. The previous medication finding around timeframes for 'as required' medications has been addressed. The allergy status had not been updated on one medication chart. Aspects of medication documentation were incomplete on two medication charts.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	<p>All meals at Liston Heights are prepared and cooked on-site. There is a six weekly seasonal menu which has been reviewed by a dietitian. Meals are served from bain maries in the rest home and dementia care kitchenettes. The main kitchen is adjacent to the hospital dining room and meals are served directly to residents.</p> <p>Dietary needs are known with individual likes and dislikes accommodated. Cultural and religious food preferences are met. There is a system to identify residents who require monitoring of food intake. Specialised crockery and utensils are available to help promote independence at meal times.</p> <p>There are additional nutritional snacks available 24/7 in the dementia unit kitchenette. Care staff prepare and serve breakfast at a time suitable for the residents.</p> <p>Staff were observed assisting residents with their meals and drinks in the hospital unit. Resident/family meetings and surveys allow for the opportunity for resident feedback on the meals and food services. Residents and family members interviewed were complimentary of the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End-cooked food temperatures are recorded for each meal. Chemicals are stored safely. Staff were observed to be wearing correct personal protective clothing.</p> <p>All food services staff have completed food safety and hygiene, and chemical safety training.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>A written record of each resident's progress was documented as evidenced in the resident files reviewed. Residents' changes in condition are followed-up by a RN as evidenced in residents' progress notes. Significant events are also documented in the manager's handover book and discussed at staff handovers. When a resident's condition alters, the registered nurse initiates a review and if required, a GP consultation or referral to the appropriate health professional is actioned. The clinical staff stated they have all the equipment (referred to in care plans) necessary to provide care. The residents and relatives stated the resident's needs were being met.</p> <p>Dressing supplies are available and dressing trolleys were well stocked for use. Wound initial assessment plans and wound evaluations were completed for minor wounds, and skin tears, one chronic ulcer (rest home) and six pressure areas (hospital). All wounds have been evaluated within the required timeframes. Short term care plans were in place for all wounds. Longstanding wounds and pressure areas were linked to long term care plans. There are pressure area prevention resources available. There is access to wound care specialists as required.</p> <p>Continenence products are available and specialist continence advice is available as needed.</p> <p>The previous findings around the lack of documented interventions to guide staff in delivery of care, RN documentation in progress notes, pain assessments and pain monitoring have all been addressed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs an activity coordinator and activity assistant to provide and implement an integrated rest home and hospital programme over the seven day week. The activity assistant has been in the role four years. The activity assistant has been employed since November 2014. Both activity persons attend Bupa regional workshops two-monthly which provide networking and training opportunities. The activity team oversee the activities provided in the dementia care unit. Caregivers incorporate activities into their daily duties. There are adequate resources available. The programme is flexible and includes music therapy, knitting groups, arts and crafts, shopping, indoor bowls and happy hours. Residents from the dementia group may join the integrated activities, such as entertainment and visiting school children, under supervision. The physio leads exercises on Tuesdays and Thursdays. There are weekly outings and drives for the residents. The activity coordinator has a current first aid certificate. Church services are held fortnightly and pastoral visits can occur at any time.</p> <p>Activity assessments are completed on admission in the resident files sampled. Activity plans and care plans are reviewed at the same time. There are two-monthly resident/family forums that allow for feedback on the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service</p>	FA	<p>Initial care plans are evaluated within three weeks of admission. There is documented evidence of a multidisciplinary team review including the resident (where appropriate) and family involvement on the review of the initial and long term care plans. All care plans sampled were reviewed and evaluated by the registered nurses. There were written evaluations evident in the residents' files. A multi-disciplinary team meeting is conducted six-</p>

delivery plans are evaluated in a comprehensive and timely manner.		monthly for each resident and involves all relevant personnel. The resident's GP examines the residents and reviews the medications at least three monthly. Short term care plans for short term needs (sighted) were evaluated within a timely manner.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	A current building warrant of fitness certificate is displayed in a visible location (expiry 1 July 2015).
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Infections are documented on a monthly register and a monthly report is completed by the infection control co-ordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality, and staff meetings. Benchmarking occurs against other Bupa facilities.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. The clinical manager is the restraint coordinator. Interviews with the caregiver and nursing staff confirmed their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, the service had two hospital level residents using bedrails as enablers and two hospital level residents using bedrails as restraints.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.	PA Low	Family alert staff to the conditions that they wish to be contacted about, which is documented in the residents' files. Fifteen accident/incident forms and associated resident files were reviewed across the rest home, dementia and hospital which identified four instances where family who wished to be kept informed were not contacted. An interview with one of six family members with a relative in the dementia unit stated that she was concerned that she had not been informed of a skin tear. The remaining five relatives interviewed (four with a relative in the hospital and one with a relative in the dementia unit) stated that they were kept informed.	Four out of fifteen accident/incident reports and associated resident files reviewed, and one family member with a resident in dementia care, identified that there was no documented evidence family had been informed following of an accident/incident.	Ensure family are informed following an accident/incident as per family requests. 90 days
Criterion 1.2.7.5 A system to identify,	PA Low	There is an annual education and training programme, which includes regular competency assessments. Opportunistic education	One caregiver who works in the secure	Ensure all caregivers who

<p>plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>		<p>is provided via toolbox talks. Attendance and competency completion rates are maintained and posted in the staff room. Education and training for registered nursing (RN) staff is linked to completion of the professional development and recognition programme (PDRP). Two RN's are in the process of completing their PDRP portfolios. Three out of ten RNs, including the clinical manager, have completed their InterRAI training, which is sufficient based on the size of the facility. Care givers complete a recognised training programme. Eight of nine care givers who work in the dementia unit have completed the required unit standards.</p>	<p>dementia unit, and has been employed for over one year, has not completed the required dementia unit standards.</p>	<p>work in the dementia unit have completed the required dementia unit standards within one year of employment. 90 days</p>
<p>Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>The prescribing of regular medications and short courses met legislative requirements. Eleven of 12 medication charts sampled identified the residents' current allergy status.</p>	<p>(i) One of four rest home medication charts did not have indications for use of diazepam and zopiclone. (ii) One dementia level resident file documented an allergic reaction to antibiotics. The medication chart did not identify the resident's allergy to the antibiotics.</p>	<p>(i) Ensure all as required medications have a prescribed indication for use. (ii) Ensure allergies are identified on the medication chart. 30 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.