

Bupa Care Services NZ Limited - Gladys Mary Rest Home

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:	Gladys Mary Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 14 July 2015 End date: 14 July 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:	36

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
Yellow	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
Red	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

Gladys Mary is part of the Bupa group and provides rest home and dementia level of care for up to 38 residents. On the day of audit, there were 36 residents.

The service is managed by a facility manager who is a registered nurse. She is supported by a clinical nurse 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 five of five shortfalls from the previous certification audit around open disclosure, incident/accident reports, assessments, interventions, and prescribing as required medications.

This surveillance audit identified further improvements required around medication management.

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.		Standards applicable to this service fully attained.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------

The rights of the resident and/or their family to make a complaint are understood, respected and upheld by the service. Evidence of communication is documented on the family/whanau communication record.

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.		Standards applicable to this service fully attained.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------

Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager and clinical nurse 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. Staffing levels are adequate to meet the needs of the residents.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------

The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, develops care plans and evaluates outcomes and goals. There is evidence of resident and/or family/whanau input. Care plans viewed in resident records demonstrated service integration and the care plans were reviewed at least six monthly.

Medication policies reflect legislative requirements and guidelines. Staff responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed meet prescribing requirements and were reviewed at least three monthly.

An occupational therapist oversees the activity programme, which is delivered on site by an activities coordinator. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group. Residents and families report satisfaction with the activities programme.

All food is cooked on site and residents' nutritional needs are identified, documented and choices are available and provided. Meals are well presented. Nutritional snacks are provided over 24 hours.

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.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------

The building holds a current warrant of fitness.

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 no residents with enablers or residents.

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 coordinator 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	16	0	0	1	0	0
Criteria	0	38	0	1	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
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of two written complaints have been maintained by the facility manager using a complaints register. Documentation included follow up letters, information relating to the Health and Disability Advocacy Service and resolution demonstrating that complaints are being managed in accordance with the Health and Disability Commissioner Code of Rights.</p> <p>Discussions with six residents (rest home level) and four relatives, confirmed they were provided with information on complaints and complaints forms. Complaints forms are displayed in a visible location at the entrance to the facility.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<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 and accident/incident forms. Sixteen accident/incident forms reviewed from April 2015 (10 dementia level of care and six rest home care)</p>

		<p>evidenced that family were notified. Admission information details next of kin wishes in regards to notification of accidents/incidents. Four relatives (three rest home and one dementia care) stated they were notified of any changes to the resident's health including incidents/accidents. The previous finding around open disclosure has been addressed.</p> <p>An interpreter policy is in place. Interpreter services are used where indicated.</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>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Gladys Mary is able to provide care for up to 38 residents at rest home and dementia levels of care. On the day of the audit there were 23 rest home level residents and 13 residents living in the secure dementia unit.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility were determined in January 2015, which link to the overarching Bupa strategic plan. Goals include but not limited to falls reduction and safe manual handling and reducing the rate of respiratory infections. Progress towards meeting the goals are reviewed regularly and recorded.</p> <p>The facility manager has been in the role for 18 months. She is a registered nurse with a current practicing certificate, holds a master of nursing degree and has seven years aged care experience. The facility manager is supported by a clinical manager/registered nurse who graduated in 2012 and worked as an RN in another Bupa facility prior to his appointment at Gladys Mary in January 2014. The clinical manager was away on leave at the time of audit. The management team are supported by a regional operations manager and at head office the Quality and Risk team. Benchmarking occurs with other Bupa facilities.</p> <p>The facility manager has maintained over eight hours annually of professional development activities relating to managing an aged care service, which includes attendance at Bupa manager days and conferences, InterRAI training and attending provider meetings.</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>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with the facility manager and staff (three caregivers, 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 by the policy consult group. 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 facility 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. The service has linked into the DHB falls focus project. A health and safety programme (B-fit) is in place, which is linked to the overarching Bupa National Health and Safety Plan. Health and safety goals are reviewed regularly. Two health and safety goals for 2015 are to extend the B-fit calendar to support staff health and wellbeing and to reduce staff injuries related to moving and handling of residents. Progress towards goals is being monitored with 65% of staff consented to flu vaccines and safe manual handling in-services taken by a physiotherapist.</p> <p>The service has a health and safety committee that provides timely reports regarding health and safety matters. Hazard identification forms and a current hazard register are in place. The organisation holds tertiary accreditation by ACC for their workplace safety management programme.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Standard 1.2.4: 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>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action and timely assessment undertaken by a registered nurse (RN). Appropriate monitoring has been completed including neurological observations following unwitnessed falls and/or falls with head injury. The previous finding around adverse events has been addressed. Sixteen accident/incident forms (ten dementia care and six rest home) were reviewed. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes.</p> <p>The facility manager is 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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files that were randomly selected for review (one clinical manager, two caregivers, one cook and one activity coordinator) 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. The facility manager is a workplace assessor.</p> <p>The facility manager and clinical nurse manager are both InterRAI trained. The administration staff have attended InterRAI training around admission procedures and the activity coordinator has attended training around the activities sections of the InterRAI assessment.</p> <p>All caregivers (eight) working in the secure dementia unit have completed the required dementia unit standards.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The facility manager and clinical nurse manager are registered nurses who are available during weekdays and on-call. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medication reconciliation including checking of signing sheets is completed on delivery of medications by the RN. There are regular checks of non-packaged medications for expiry dates. There were no expired medications on the day of audit. Previous findings around medication checks including expiry dates have been addressed. Three self-medicating residents have not had three monthly reviews. A shortfall has been identified around weekly controlled drug checks.</p> <p>All clinical staff who administer medication have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be compliant in the administration of medications. Registered nurses and care staff interviewed were able to describe their role in regard to medicine administration.</p> <p>D16.5.e.i.2: Ten medication charts reviewed identified that the GP had seen and reviewed the residents medication at least three monthly. All as required medications charted had an indication for use. The previous finding has been addressed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Gladys Mary are prepared and cooked on site. There is a six weekly seasonal menu, which had been reviewed by a dietitian. Meals are delivered to each dining area. Dietary needs are known with individual likes and dislikes accommodated. Pureed, gluten free, diabetic desserts are provided. Cultural and religious food preferences are met.</p> <p>Staff were observed assisting residents with their meals and drinks in the dementia unit and rest home as required. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with 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 on each meal. The dishwasher is checked regularly by the chemical supplier.</p> <p>There is evidence of additional nutritious snacks available over 24 hours in the</p>

		<p>dementia unit.</p> <p>All food services staff have completed training in food safety and hygiene and chemical safety.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RN's are competent in the use of the InterRAI assessment tool. All residents are on InterRAI and the assessments are being used in the development of the long term care plan. A comprehensive suite of assessment tools were evidenced being used in the files sampled including falls risk skin integrity, pressure area, pain, modified nutritional assessment, and dependency. The previous certification audit findings have been addressed.</p> <p>E4.2: All five resident files reviewed included an individual assessment that included identifying diversionary, motivation and recreational requirements.</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>When a resident's condition alters, the registered nurse initiates a review and if required, GP consultation. All long term care plans reviewed evidenced that interventions are fully recorded and align with the resident's assessed needs. Short term care plans are utilised for short term care issues including changes in health conditions, infections and wounds. Progress notes reflected RN assessments and observations related to changes in health. Long term care plans sampled had been updated to reflect the resident's current health status. The previous findings around interventions have been addressed. Family members stated they were informed on changes to the resident's health and their relative's needs were being met. The residents and families interviewed were complimentary of the care provided</p> <p>Wound assessments, treatment and evaluations were in place for all current wounds, (one skin tear, one chronic wound, one ulcer and one surgical wound). There were no residents with pressure injuries on the day of audit. Adequate dressing supplies were sighted in the treatment rooms. Staff receive regular education on wound management.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for use. Specialist continence advice is available as needed and this could be described by the care staff interviewed.</p>

		<p>The care staff interviewed stated that they have all the equipment referred to in the care plans and necessary to provide care.</p> <p>The clinical files sampled evidenced involvement of referral to allied health and specialist services as required.</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>An activity co-ordinator works 30 hours a week across the rest home and dementia areas. The activities co-ordinator is currently completing the diversional therapy qualification. Activities are delivered to meet the cognitive, physical, intellectual and emotional needs of the residents. Consideration has been taken to provide meaningful activities that can cover 24 hours in the dementia unit. Care staff provide diversional activities out of normal hours. On the day of audit, residents in both areas were observed being actively involved with a variety of activities with support and involvement of the care staff. The programme is developed monthly and displayed in large print. An activity profile and "Map of Life" is completed on admission in consultation with the resident/family (as appropriate). Activity plans were sighted in the files sampled and these were reviewed six monthly at the same time as the care plans. Activity participation sheets were also maintained. Families interviewed advised that they were invited to the resident meetings. The service also receives feedback and suggestions for the programme through surveys and one on one feedback from residents (as appropriate) and families. The residents and families interviewed spoke positively about the activities programme.</p> <p>D16.5d: Resident files reviewed identified that the individual activity plan is reviewed when the care plan is review/evaluated.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans sampled were evaluated by the RN within three weeks of admission. Long term care plans had been reviewed at least six monthly in all files sampled or earlier for any health changes. The multidisciplinary team (MDT) including the GP are involved in the care plan reviews. The GP reviews the residents at least three monthly or earlier if required. On-going nursing evaluations occur daily/as indicated and documented within the progress notes.</p>

<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>	<p>FA</p>	<p>Gladys Mary displays a current building warrant of fitness, which expires on 1 November 2015.</p>
<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>	<p>FA</p>	<p>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. A corrective action plan is in place to reduce the incidence of urinary tract infections (UTI). Interventions including the introduction of medicated wipes and increased staff awareness of infection control practices have reduced UTIs over the last two months with ongoing monitoring. Infections are documented on a monthly register and a monthly report is completed by the infection control coordinator. 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. No outbreaks have been reported.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<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 facility manager is the restraint coordinator. Interviews with the caregivers confirmed their understanding of restraints and enablers. Staff attend challenging behaviour and dementia care education annually. At the time of the audit there were no residents using enablers or 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)
<p>Criterion 1.3.12.1</p> <p>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>Controlled drugs in the register had been checked and signed out by two staff. The time of administration corresponded with the controlled drug register and medication charts. All staff checking controlled drugs have completed an annual medication competency. Weekly controlled drugs were not consistently documented.</p>	<p>On review of the controlled drug register, it was noted that weekly controlled drug checks were not consistently being conducted.</p>	<p>Ensure that weekly controlled drug checks are conducted.</p> <p>30 days</p>
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	<p>PA Low</p>	<p>There were three self-medicating residents who had been assessed as competent to self-medicate by the GP and RN. Reviews have not been consistently completed three monthly. Medications were stored safely in the resident's rooms.</p>	<p>Initial competency assessments had been completed for three residents who self-medicate. However, subsequent three monthly competency reviews had not been completed.</p>	<p>Ensure self-medicating residents have three monthly competency reviews as per policy.</p>

				90 days
--	--	--	--	---------

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 of this audit.

No data to display

End of the report.