

Bupa Care Services NZ Limited - Waireka Care 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:	Waireka Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 November 2015 End date: 10 November 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:	56

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

Bupa Waireka provides rest home and hospital level care for up to 60 residents. On the day of audit, there were 56 residents. An experienced care home manager manages the service. A clinical manager who has been in the role for two years, supports her. The residents and relatives interviewed commented 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, intern nurse practitioner and staff.

The service has addressed three of the four shortfalls from the previous certification audit around progress notes, fridge temperatures and bedrooms doors/personal privacy. Further improvements are required around documented interventions.

This surveillance audit identified that improvements are required around 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.		Standards applicable to this service fully attained.
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Communication with residents and families is appropriately managed. There is a policy to guide staff on the process around open disclosure. Complaints are actioned and include documented response to complainants. A complaints register is maintained.

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.
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Bupa Waireka has an implemented quality and risk management programme. The Bupa strategic and quality plan includes quality goals for 2015. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and evaluated through internal audits and meetings. Benchmarking occurs within the organisation and with an external benchmarking programme. Residents and families are surveyed annually. Health and safety policies, and systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually. Human resource policies are in place to determine staffing levels and skill mixes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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 sample of residents' records reviewed provides evidence that the provider has systems to assess, plan and evaluate care needs of the residents within the required timeframes. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed demonstrate service integration and are reviewed at least six monthly. The GP reviews the residents three monthly or earlier as required.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines complete education and medicines competencies. The medication records reviewed have photo identification and include documentation of allergies and sensitivities.

An integrated activities programme is implemented for the rest home and hospital residents. The programme includes community visitors, outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food and baking is prepared and cooked on site. Residents' nutritional needs are identified and documented. Dislikes were known and choices provided. The company dietitian has reviewed the Bupa menu plans.

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.
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The building holds a current warrant of fitness. Resident's privacy is maintained.

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.
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The service has documented systems in place to ensure the use of restraint is actively minimised. There was one enabler and two restraints in use. The restraint minimisation and safe practice policy includes a definition of enablers that is congruent with NZS 8134.0. Staff receive ongoing education in restraint minimisation and de-escalation.

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.
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The infection control coordinator (care home manager) is responsible for collating monthly infection rates. The infection control coordinator uses the information obtained through surveillance to determine infection 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	1	1	0	0
Criteria	0	39	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 service has a complaints policy and procedures in place and residents and their family/whānau are provided with information on the complaints process on admission through the information pack. Complaint forms are available at the entrance of the service. Six staff interviewed were aware of the complaints process and to whom they should direct complaints. A complaints folder is maintained with a current complaints register. There have been two complaints recorded for 2015, year to date. All are well documented including investigation, follow-up and resolution. Three residents (rest home) and family members advised that they were aware of the complaints procedure and how to access forms.</p> <p>The Ministry requested follow up against aspects of a complaint lodged in 2014 through the Health and Disability Commissioner that included management of adverse events, continence management, management of weight loss and falls, access to physiotherapy services, nutritional and fluid management, and call-bell systems. This audit identified no issues in relation to incident reporting and management, continence, weight loss or falls management. The service provides access to physiotherapy services as required, and nutritional and fluid requirements for residents are met. This audit has identified issues with assessment of pain issues and documentation of care interventions (link 1.3.6.1) and medication documentation (link 1.3.12.1).</p>
Standard 1.1.9:	FA	There is an incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when entering an incident into the system. Incident reports and associated resident

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>files reviewed met this requirement. Four family members interviewed (one hospital and three rest home level) confirmed they were notified following a change of health status of their family member. There was an interpreter policy and contact details of interpreters were available.</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 Waireka is certified to provide rest home and hospital level of care for up to 60 residents. There are 37 rest home beds and 23 hospital beds. On the day of audit there were 36 rest home residents (one respite care and one under 65 years of age) and 20 hospital level residents. There were no residents under the medical contract.</p> <p>Bupa's overall vision is "Taking care of the lives in our hands". Six key values are displayed on the wall. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Bupa Waireka has set specific quality goals for 2015. Progress with the quality assurance and risk management programme is monitored through the Bupa managers' meetings and various facility meetings. Monthly and annual reviews are completed for all areas of service.</p> <p>The organisation has a clinical governance group, which meets two monthly. Bupa has robust quality and risk management systems implemented across its facilities with four benchmarking groups established for rest home, hospital, dementia, and psychogeriatric/mental health services.</p> <p>The service is managed by an experienced registered nurse (RN) who has been the care home manager at Bupa Waireka for two years and is supported by a clinical manager who has been in this position for two years. The managers were unavailable on the day of audit. Care home managers and clinical managers attend annual organisational forums and regional forums six monthly. The regional operations manager visits monthly and more often if required.</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</p>	<p>FA</p>	<p>There is a Bupa strategic plan for 2012 – 2015 and a quality and risk management plan for Bupa Waireka. Goals and objectives relate to building strong and connected communities, provide leadership within the sector, and maximise resource to deliver on the Bupa mission. Quality improvement initiatives for Bupa Waireka have been documented and are developed because of feedback from residents and staff, audits, benchmarking, and incidents/accidents. Meeting minutes evidence discussion around quality data. Staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with staff confirm their involvement in the quality programme. The service has comprehensive policies/procedures to support service delivery. The policies are reviewed regularly and evidence current best</p>

<p>system that reflects continuous quality improvement principles.</p>		<p>practice. Staff are required to read policies as they are reviewed/amended.</p> <p>Internal audits have been completed as per schedule for 2015 year to date. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness.</p> <p>There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. Falls prevention strategies are implemented for individual residents and staff received training to support falls prevention in April 2015. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow up where required.</p> <p>Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The resident/relative survey conducted in September 2015 showed a result of 95% overall satisfaction.</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>There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Incident and accident data is collected and analysed and benchmarked through the Bupa benchmarking programme. A sample of 12 resident related incident reports for October and the first week of November 2015 were reviewed. All reports and corresponding resident files reviewed evidence appropriate and timely clinical care was provided following an incident. Reports were completed and follow-up, referrals and investigations had been conducted as required. There is documented evidence of family notification following incidents/accidents.</p> <p>The provider is aware of their obligations in regards to essential notifications. There have been no reportable events.</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</p>	<p>FA</p>	<p>There are organisational policies to guide recruitment practices and documented job descriptions for all positions. Appropriate recruitment documentation was seen in the five staff files reviewed. A register of practising certificates is maintained. Four of the five staff files had performance appraisals that were current. The other staff file was a new staff member and the performance appraisal was not yet due. Interviews with caregivers (two rest home and one hospital) and one registered nurse informed that management are supportive and responsive.</p> <p>An annual training plan is being implemented. Bupa ensures registered nurses are supported to maintain their professional competency. Education sessions have been held at least monthly. There is an induction programme with completion being monitored and reported monthly to head office, as part of the reporting programme. Interviews with staff informed the induction programme meets the requirements of the service.</p>

requirements of legislation.		
<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>	FA	<p>An organisational staffing policy aligns with contractual requirements and includes skill mixes. Bupa Waireka has a four weekly roster in place, which ensures there are adequate staffing levels to meet the acuity and safety needs of the residents. There are casual staff available including two RNs. The clinical manager and registered nurses oversee the clinical care of residents. There is a registered nurse on duty each shift. Registered nurses and caregivers advise that sufficient staff are on duty for each shift. Interviews with residents and relatives confirmed staffing overall was satisfactory.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Progress notes are written each shift and provide a record of the resident's care, including any changes to health status and significant events. Five resident files (two hospital, two rest home and one respite care) were reviewed. The progress notes for each resident were dated, timed and signed with the care staff designation. The previous finding regarding progress notes entries has been addressed.</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>	PA Low	<p>Medications are managed appropriately in line with legislative requirements. Registered nurses in the hospital and senior caregivers in the rest home administer medications. All medication competent staff have completed annual medication education and competencies (including administration of insulin). All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Standing orders are not used. There was a self-medicating competency and monitoring in place for two self-medicating residents on the day of audit. The medication fridge temperatures are checked daily and within acceptable ranges.</p> <p>Not all medication signing sheets correspond to instructions on the medication chart. Antipsychotic medication management plans were in place for residents on these medications.</p> <p>Ten medication charts sampled (four hospital and six rest home) had photo identification and allergy status on the medication chart. Prescribing met the legislative requirements and had been reviewed three monthly.</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>The menus have been audited and approved by an external dietitian. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in a bain marie to the hospital dining room. Bain marie serving temperatures are taken and recorded. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Likes and dislikes are known with alternative foods offered. Special diets such as diabetic desserts and soft/pureed meals are provided.</p> <p>End cooked food temperatures are recorded daily. Temperatures are recorded on all inward chilled goods. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. Corrective actions have been taken for temperatures outside the acceptable range. The previous finding around fridge temperature monitoring and corrective actions has been addressed. All foods in the chiller, fridges and freezers are dated. Cleaning schedules are maintained. Chemicals are stored safely. Food services staff have complete food and chemical safety training.</p> <p>The cook receives dietary information for new residents and is notified of any dietary changes or other dietary requirements. Residents are weighed monthly or more frequently for residents with unintentional weight loss. The cook is notified of any weight loss and dietary requirements such as high calorie foods. Dietary supplements are prescribed. Clinical staff monitor weight loss/gain reporting any concerns to the GP.</p> <p>Residents have the opportunity to provide feedback on the meals at resident meetings and surveys. The residents and relatives interviewed commented positively on the meals and home baking provided.</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>	<p>PA Moderate</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP, NP or nurse specialist consultation. There is documented evidence written on the family contact record of family notification when a resident health status changes. Not all long-term care plans reviewed document interventions to support the resident's needs. The previous finding around documented interventions remains.</p> <p>Staff report that there are adequate continence supplies available. Resident urinary continence assessment and bowel management has been completed for residents with identified continence problems. The RN states there are nursing specialists for wound and continence management readily available for advice and education.</p> <p>Initial wound assessments and dressing plans, and ongoing evaluations at the required frequency has been completed for five skin tears and two pressure areas in the rest home. Pressure injuries in the rest home included one grade-one pressure injury, and one grade-three pressure injury (which was acquired prior to admission). In the hospital, there were seven skin tears, two minor wounds, one leg ulcer and one surgical wound. There were no pressure injuries.</p>
<p>Standard 1.3.7:</p>	<p>FA</p>	<p>The service employs a registered diversional therapist (DT) for 37.5 hours Monday to Friday. The DT has</p>

<p>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>		<p>completed dementia units standards, first aid course, has commenced “walking in another’s shoes”, and attends the Bupa DT training days. Support is provided from an occupational therapist at head office. An activity assistant is employed for three hours twice a week to spend one on one time with residents who are unable or choose not to participate in the programme.</p> <p>There is an integrated activity programme for rest home and hospital residents that meet the resident’s recreational, social, physical and spiritual needs. Activities occur in several locations throughout the facility including the “man cave”. A resident advocate chairs the two monthly resident meetings, which provide the residents with opportunity to feedback on the activity programme.</p> <p>There are a number of volunteers involved in the activity programme. The service received a community award for volunteer involvement at Waireka. Community links are encouraged and maintained.</p> <p>The service has a wheelchair hoist van for outings and drives. The DT and two volunteers accompany residents on outings.</p> <p>The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The activity plan, incorporated into the My Day, my way long-term care plan, is reviewed six monthly at the same time as the care plan at the multidisciplinary review.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The initial care plan and long-term care plans were reviewed and evaluated by the registered nurses at least six monthly or earlier for changes in health status. One rest home resident had not been at the service six months. One resident was in for respite care. Six monthly multi-disciplinary reviews (MDR) and meeting minutes had been completed by the registered nurse with input from caregivers, the GP/NP, the diversional therapist and any other relevant person involved in the care of the resident. Family members attend the MDR. Written evaluations are documented, identifying if the resident needs/goals have been met or unmet. Short-term care plans are evaluated at regular evaluations.</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>	FA	<p>The building holds a current warrant of fitness, which expires on 11 August 2016.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>A tour of the facility demonstrated residents privacy was respected with bedroom doors closed during cares. The lounge that was converted to a bedroom is no longer used as a bedroom. The fire service has approved the use of the lounge as a bedroom (if required) with the exit as fire doors. The approval email from the fire service dated 23 December 2014 was sighted. The previous finding has been addressed.</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 care home manager is the infection control coordinator. Information obtained through surveillance is used to determine infection control activities, resources, and education needs within the facility.</p> <p>Infection control data is collated monthly and reported at the infection control committee meeting and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices, identifying trends and corrective actions/quality initiatives. Infection control data is displayed for staff. The infection control programme is linked with the quality management programme. Monthly data is forwarded to head office where benchmarking occurs against other Bupa facilities.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs/NP that advise and provide feedback/information to the service. There have been no outbreaks.</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 service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definitions of enablers that are congruent with the definition in NZS 8134.0. Enablers are voluntary. There was one residents with an enabler and two residents with restraints,</p> <p>The restraint committee meets monthly. Staff education on restraint use, enablers and de-escalation techniques has been provided. A registered nurse is the designated restraint coordinator.</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>	PA Low	<p>Eight of the ten administration signing sheets corresponded with the medication charts. 'As required' medications administered documented the date and time of administration. Medication errors are reported on accident/incident forms.</p>	<p>There were two administration signing sheets with a total of five signing gaps within one week.</p>	<p>Ensure medication is administered as charted and signed for appropriately.</p> <p>60 days</p>

<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>Relatives confirmed they are notified of any resident concerns and any significant events. Relatives state the staff are very approachable if they wish to discuss their relative's health at any time. Residents interviewed confirmed their needs are being met. Interventions documented in two resident files reflect the resident's needs, supports and current health status.</p>	<p>There are no documented interventions to meet the current needs of three residents: i) One rest home resident (tracer) with a grade-three pressure injury acquired prior to admission, does not have any documented pressure area management in the long-term care plan. The same resident was admitted with pain relief. The service had not conducted a pain assessment on admission for the identified pain. ii) A respite care resident identified at risk of absconding, did not have interventions documented to maintain the safety of the resident. iii) One hospital (tracer) resident's long-term care plan had not been updated on return to the facility, to reflect the resident's change in health status.</p>	<p>Ensure that all care plans reflect the resident's current health status. Ensure pain assessments are completed for residents who identify pain.</p> <p>60 days</p>
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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.