

# Bupa Care Services NZ Limited - Kauri Coast Hospital & Rest Home

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## Introduction

This report records the results of a Certification 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited	
<b>Premises audited:</b>	Kauri Coast Hospital & Rest Home	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 9 February 2016	End date: 10 February 2016
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	46	

# Executive summary of the audit

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## 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

Kauri Coast Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 52 residents. On the day of audit, there were 46 residents.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of residents and staff files; observations and interviews with residents, relatives, staff, management and general practitioner.

The care home manager has been in the role since August 2014 and the clinical manager has been in the role since October 2015. They are both supported by the operations manager.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

Improvements are required around meeting minutes, interRAI assessments, care plan interventions, monitoring charts and restraint incidents.

## 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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Kauri Coast endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## 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.
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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. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Kauri Coast has an established quality and risk management system that supports the provision of clinical care. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. 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. Ongoing education and training for staff is in place. Registered nursing cover is provided 24 hours a day, seven days a week.

## 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>
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. An InterRAI assessment is completed along with other assessment tools, which assists in developing the care plan. Registered nurses are responsible for care plan development with input from residents and family. Planned activities are appropriate to the resident's assessed needs and abilities. Residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There are two menus operating alongside each other at Kauri Coast which have been dietitian approved.

## 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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Kauri Coast has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided.

## 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.		Some standards applicable to this service partially attained and of low risk.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, the service had six residents using restraint in the form of bedrails and/or T-belts and five residents with bedrails as an enabler. Assessments, monitoring charts and a restraint register are in place. Evaluations are completed individually and at restraint meetings.

## 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 (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

## 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)
<b>Standards</b>	0	46	0	3	1	0	0
<b>Criteria</b>	0	97	0	3	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff (four caregivers, one enrolled nurse, three registered nurses, care home manager, clinical manager, one activity coordinator), reflected their understanding of the key principles of the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent and advanced directives were recorded as evidenced in the seven resident files reviewed (four hospital and three rest home). Advised by staff, that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Resident admission agreements were signed.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p> <p>Informed consent processes are also reviewed through the six monthly multidisciplinary team</p>

		(MDT) meeting with residents and relatives and links to the quality system through annual satisfaction surveys.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in as much as they desire and can safely do. Resident meetings are held bimonthly. Regular newsletters are provided to residents and relatives.
<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 on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaints register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. Five complaints received in 2015 were reviewed with evidence of appropriate follow-up actions taken.</p> <p>There is currently one complaint with the HDC office on behalf of the coroner's office, who had raised concerns about staffs management of a resident's pressure area.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at entrance to the facility. The care home manager, the clinical manager and registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the resident/family meetings. All eight residents</p>

		(five rest home level and three hospital level) and three relatives (three hospital) interviewed, report that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents are treated with dignity and respect. Privacy is ensured and independence is encouraged. The June 2015 resident satisfaction survey had a 95% outcome around privacy. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and church services are held. There is a policy on abuse and neglect and staff have received training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident.</p> <p>Māori consultation is available through the documented iwi links and Māori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p> <p>All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment,</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through</p>

sexual, financial, or other exploitation.		education and training sessions, staff meetings, and performance management if there is an infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Bupa has robust quality and risk management systems and these are implemented at Kauri Coast, and supported by a number of meetings held on a regular basis (link 1.2.3.6). Education is supported for all staff and a number of caregivers have enrolled or completed a national qualification.</p> <p>The qualified staff at Kauri Coast undertake specific roles e.g. (but not limited to): wound monitor, palliative care group, medication monitor, falls monitor, Careerforce coordinators and RN preceptor. InterRAI is fully implemented at Kauri Coast.</p> <p>There were examples where Kauri Coast has identified quality improvements from internal audits, incidents/accidents and complaints. Toolbox talks are routinely completed that link to benchmarking indicators in each of the two areas at Kauri Coast.</p> <p>Registered nursing staff are available seven days a week, 24 hours a day. A house general practitioner (GP) visits the facility two days a week. The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. Physiotherapy services are provided on site, five hours per week. There is a regular in-service education and training programme for staff. A podiatrist is onsite every six-weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa has established benchmarking groups for rest home, hospital, dementia, psychogeriatric/mental health services. Kauri Coast is benchmarked against the rest home and hospital data.</p> <p>All Bupa facilities have a master copy of all policies and procedures and a master copy of clinical forms filed alphabetically in folders. These documents have been developed in line with current accepted best and/or evidenced based practice and are reviewed regularly. The content of policy and procedures are detailed to allow effective implementation by staff. A number of core clinical practices also have education packages for staff, which are based on their policies.</p> <p>Bupa has a bi-monthly clinical newsletter called Clinical Bites, which provides a forum to explore clinical issues, ask questions, share experiences and updates with all qualified nurses in the company. Registered nurse interviewed at Kauri Coast could describe this. Competencies are completed for key nursing skills. Registered nurses regularly access training, including sessions that are externally run. Bupa run a registered/enrolled nurse training day and clinically focused training sessions.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints 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/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twenty-three accident/incident forms reviewed (from January 2016), identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is 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 for 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>Kauri Coast Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 52 residents at hospital and/or rest home level care. On the day of the audit there were 46 residents (29 hospital residents and one rest home resident in the hospital wing and 17 rest home residents in the 17 bed rest home wing). Under the medical component of their certification, there were two ACC residents in the hospital, two YPD (one hospital, one rest home) and one respite resident. There were no residents in the DHB short-stay funded bed.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>Kauri Coast is part of the northern one Bupa region and the managers from this region meet two monthly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly report to the Bupa operations manager. The operations manager visits monthly and completes a report to the director of care homes and rehabilitation.</p> <p>A quarterly report is prepared by the care home manager and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve the Kauri Coast quality goals.</p> <p>Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia, psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data</p>

		<p>is also carried out with facilities in the UK, Spain and Australia, (e.g., mortality and pressure incidence rates and staff accident and injury rates). Benchmarking of some key indicators with another NZ provider is also in place.</p> <p>The care home manager has been in the role since August 2014. He is a non-practising NZ registered nurse who has worked in the health and disability sector for 20 years. The clinical manager has been in the role since October 2015. The CM has previous aged care management experience.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The clinical manager who is employed full time, supports the care home manager, and steps in when the care home manager is absent. The operations manager, who visits regularly, supports both managers.</p> <p>The service operational plans, policies and procedures promote a safe and therapeutic focus for residents affected by the aging process and promotes quality of life.</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>PA Low</p>	<p>A quality and risk management programme is established. Interviews with the managers and staff reflect their understanding of the quality and risk management systems.</p> <p>Their quality goals in 2015 were to reduce medication errors. Statistically, they have improved over the last year from (RH) 7 incidents ratio to 3.3 and (Hosp) 4 to 1.5.</p> <p>They have also reduced pressure injuries being managed within the care home. The rate currently remains in line with the national average of 0.2 (ratio). They have purchased five air mattresses to replace the older versions (link 1.3.6.1). They have increased their training related to wound management and pressure injury prevention. Their processes and communication around the wound management has been reviewed and improved.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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. A document control system is in place. Policies are regularly reviewed. 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</p>

		<p>to) resident falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. The service introduced weekly meetings with the management team and two nurses on duty. They review all residents regarding past events and possible actions for the next days. Monthly the management team meet with the qualified nurses and discuss clinical issues, staffing issues, (new) nursing development, leadership issues and interRAI.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data are benchmarked. Meeting minutes reviewed did not always identify follow through actions on quality data/trends and results of internal audits (also link 2.2.5.1). Corrective actions are implemented when service shortfalls are identified and signed off when completed.</p> <p>An annual satisfaction survey is completed with residents and relatives. The 2015 outcome identified a 92% result. They have implemented a more meaningful activities programme for their residents in response to feedback from the residents' survey.</p> <p>Falls prevention strategies are in place. A health and safety system is in place. Hazard identification forms and a hazard register are in place.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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 noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends (link 1.2.3.6). Twenty-three accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse (also link 2.2.5.1). The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. One incident was reported to the Coroner and is currently under investigation (link 1.1.13.).</p>
<p><b>Standard 1.2.7: Human Resource Management</b></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. Seven staff files (clinical manager, unit coordinator, two RNs, three caregivers) reviewed evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. New staff are</p>

		<p>buddied for a period of time (e.g., caregivers two weeks, RN four weeks), and during this period they do not carry a clinical load. The caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. From this, they are then able to continue with Core Competencies Level 3 unit standards. These align with Bupa policy and procedures.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. The caregivers undertake Aged Care Education (careerforce). RNs attend six monthly training through Bupa.</p> <p>Three of the seven qualified nurses have a current Bupa PDRP. All qualified staff are encouraged to complete at least the basic level.</p> <p>Five RN's have successfully completed the InterRAI training. One RN is currently training and the CM is due in April 2016.</p> <p>The Northland DHB offers support to Kauri Coast via the Practice Development/Aged Residential Care Health of Older People and Clinical Support forum. Topics have included the management of poly-pharmacy, Discharge Planning to ARRC, First do not harm, advanced care planning, medication safety and other clinical support topics like wound management and pressure injury prevention. In the last year most of these meeting has been attended by the two managers, and three RNs have attended some of the meetings.</p> <p>A competency programme is in place with different requirements according to work type (e.g., support work, registered nurse, and cleaner). Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files).</p> <p>RN competencies include assessment tools, BSLs/Insulin admin, CD admin, moving &amp; handling, nebuliser, oxygen admin, PEG tube care/feeds, restraint, wound management, CPR and T34 syringe driver.</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 clinical manager is on-call after hours with other registered nurses. The care home manager and clinical manager are available during weekdays. Adequate RN cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory. There is a unit coordinator assigned to the rest home wing.</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>	<p>FA</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas.</p> <p>Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment is completed on admission. The service has specific information available for residents and families at entry and it included associated information such as the Code, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The transfer/discharge/exit procedures include a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family are available to assist with transfer, and copies of documentation were forwarded with the resident.</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>FA</p>	<p>Bupa has comprehensive medication policies in place. Medication storage and administration follow safe guidelines. Medication reconciliation is completed on admission and the policy includes guidelines on checking medications on admission.</p> <p>All staff administering medication have completed an annual medication competency.</p> <p>Fourteen medication charts were reviewed. They were legible and met legislative guidelines including photographic identification. Signing on administration was up to date, including as required medications (PRN). All PRN medications had 'indications for use' identified on the medication chart. All medication charts identified any allergies. Medication charts reviewed had written evidence of the GP three monthly reviews, or more as conditions changed, all had been signed and dated. Weekly medication checks documented.</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>	FA	<p>The national menus have been audited and approved by a dietitian. At Kauri Coast there is an additional option available on the menu. The service employs two kitchen cooks and kitchen assistants. Fridge temperatures are monitored and documented daily. All food containers are labelled and dated. Food is stored on shelves. Meals are prepared in the kitchen and served to rest home residents in the adjacent dining room. Meals are delivered to the hospital dining room.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes including residents under 65 years old. This is reviewed six monthly. Changes to residents' dietary needs are communicated to the kitchen as reported.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The reason for declining service entry to residents to the service would be recorded on the declined entry form. When this has occurred, the service stated it had communicated to the resident/family/EPOA and the appropriate referrer.</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>All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission which formed the basis of resident goals and objectives. Bupa assessment booklets were completed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in five of seven files reviewed (link 1.3.3.3). The assessment booklet provides in-depth assessment across all domains of care and is an add-on to the InterRAI assessment. Files reviewed across the rest home and hospital identified that risk assessments have been completed on admission and reviewed six monthly as part of the evaluation. Appropriate risk assessments had been completed for individual residents, but were not always reflected in care plans reviewed (1.3.6.1).</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Six of 10 resident files sampled (sample increased to follow assessed risk areas followed through from incident forms reviewed) included interventions for assessed needs (link 1.3.6.1). The service has a specific short term care plan that included short term cares (link 1.3.6.1). Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident.</p>

		One short stay resident reviewed included assessments and a short stay care plan.
<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>	PA Moderate	<p>When a resident's condition alters, the registered nurses initiate a review and if required, GP or specialist consultation. Two hourly turns were documented on restraint monitoring charts. However, caregivers interviewed were unsure which residents required 2-hourly turns. Instructions were not clear in care plans for those residents that required 2 hourly turns or other monitoring requirements. Interventions were not all clearly documented to address resident's identified risks.</p> <p>The caregivers interviewed stated that they have all the necessary equipment referred to in care plans to provide care. All staff report that there is always adequate continence supplies and dressing supplies. Residents and families interviewed were complimentary of care received at the facility.</p> <p>RN follow up was not completed for one resident with documented variable weights. There is a short-term care plan that is used for acute or short-term changes in health status. Dressing supplies are available and a treatment room is stocked for use.</p> <p>Wound assessment and wound management plans are in place. Review of current wounds identified four wounds have been reviewed in the timeframes and five pressure injuries. Pressure relieving mattresses were not all set at the correct weight (noting training had been provided to staff Sept 2015).</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>There is an activity co-ordinator, plus one caregiver/activity assistant who takes residents for van trips.</p> <p>There is a full and varied activities programme in place which is appropriate to the level of participation from residents with regular weekly outings. On the day of audit residents in all areas were observed being actively involved with a variety of activities. The programme is developed monthly and displayed weekly in large print in communal areas. Residents and families interviewed voiced their satisfaction for the activities programme and felt that recreational needs were being met. One resident under 65 years old reported that their individual needs are met.</p> <p>Residents have an activities assessment completed over the first few weeks. Resident files reviewed identified that the individual activity plan is reviewed six monthly.</p>
Standard 1.3.8: Evaluation	FA	Care plans reviewed have been evaluated at least six monthly and have been updated as changes

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>were noted in care requirements. Care plan evaluations relate to each aspect of the care plan and record the degree of achievement of goals and interventions (Link 1.3.6.1). Short term care plans are utilised for residents and any changes to the long term care plan have been dated and signed.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and or their family/EPOA are involved as appropriate when referral to another service occurs.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.</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>The service displays a current building warrant of fitness. Hot water temperatures are checked weekly. Medical equipment and electrical appliances have been tested, tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there is adequate equipment to carry out the cares, according to the resident needs, as identified in the care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured</p>	<p>FA</p>	<p>There are rooms with full ensuites and rooms without ensuites. There are sufficient numbers of resident communal toilets and showers in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include vacant/in-use signs.</p>

privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<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>	FA	The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms are personalised.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There is a lounge and dining room for both rest home and hospital level residents. The dining rooms and lounges are spacious. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are able to move around the facility and staff assisted them when required. Activities take place in any of the lounges.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	There is a sluice and separate laundry area where all linen and personal clothing is laundered by designated laundry staff. Staff have attended infection control education and there is appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Emergency and disaster policies and procedures are in place. An approved fire evacuation plan is in place. Fire evacuation drills take place every six months. The orientation programme and annual education and training programme include mandatory fire and security training. Staff interviews confirm their understanding of emergency procedures.</p> <p>Required fire equipment was sighted on the day of audit and all equipment has been checked within required timeframes. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, gas bbq cooking and back-up power.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. There is a minimum of one person who is available 24 hours a day, seven days a</p>

		week with a current first aid/CPR certificate.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator is a registered nurse and is responsible for infection control across the facility. The committee and the Bupa governing body in conjunction with Bug Control, is responsible for the development of the infection control programme and its review. The infection control programme is well established at Kauri Coast. The infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, Bupa quality & risk team and Medlab. There was a diarrhoea outbreak in the hospital in 2015 that involved four residents. This was well managed by the service.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	There are adequate resources to implement the infection control programme at Kauri Coast. The infection control (IC) nurse has maintained best practice by completing infection control updates online. The infection control team is representative of the facility. External resources and support are available through the Bupa quality & risk team when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines. It defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.

and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Orientation package includes specific training around hand hygiene and standard precautions. Infection control training is regularly held, including (but not limited to) food safety (November 2015), and infection prevention &amp; control (December 2015).</p> <p>The infection control coordinator has received education both in-house and by an external provider to enhance her skills and knowledge. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice and group benchmarking.</p> <p>A number of toolbox talks have been provided including (but not limited to) standard precautions.</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>	FA	<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.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and southern community laboratory that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff.</p> <p>Infections statistics are included for benchmarking. Corrective actions are established where trends are identified.</p>
<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. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, and regional restraint meetings and at an organisational level. Interviews with the staff</p>

		<p>confirm 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. On the day of audit, the service had six residents using restraint in the form of bedrails and/or T-belts and five residents with bedrails as an enabler. All enabler use is voluntary. Two resident files of enabler use were reviewed. The enabler assessment form was completed and signed by the resident. These had been evaluated at least three monthly.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>Only staff that have completed a competency assessment are permitted to apply restraints. Competency assessments expire annually and are renewed by the restraint coordinator. There is a responsibilities and accountabilities table in the restraint policy that includes responsibilities for key staff at an organisation level and a service level. The restraint coordinator is a registered nurse and has a signed job description. The restraint coordinator was unavailable for interview during audit.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Suitably qualified and skilled staff, in partnership with the resident and their family/whānau, undertake assessments. A registered nurse is the restraint coordinator. Restraint assessments are based on information in the care plan, resident discussions and on observations from the staff. Three restraint files were reviewed and all included a restraint assessment tool. The care plans reviewed were up-to-date in two of three files reviewed and provided the basis of factual information in assessing the risks of safety and the need for restraint (link 1.3.6.1). Ongoing consultation with the resident and family/whānau is also identified. Falls risk assessments are completed six monthly and InterRAI assessment identifies risk and need for restraint.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. There are approved restraints documented in the policy. The approval process includes ensuring the environment is appropriate and safe.</p> <p>The resident files reviewed refers to specific interventions or strategies to try (as appropriate) before use of restraint. The care plan reviewed of two of three hospital residents with restraint, identified observations and monitoring (link 1.3.6.1). Restraint use is reviewed through the three monthly evaluation, two monthly restraint meetings and six monthly multidisciplinary meeting and</p>

		includes family/whānau input. A restraint register is in place.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluation has occurred three monthly as part of the ongoing reassessment for the residents on the restraint register, and as part of their care plan review. The family is included as part of the MDR review. Evaluation timeframes are determined by risk levels.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	PA Low	Individual approved restraint is reviewed at least bimonthly through the restraint meeting and as part of the internal audit programme. Restraint incidents were not included through the 'restraint incident' benchmarking indicators. Restraint usage throughout the organisation is also monitored regularly and is benchmarked. Review of this use across the group is discussed at the Regional Restraint Approval group and information is disseminated throughout the organisation. The organisation and facility are proactive in minimising restraint usage.

## 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 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>Audit summaries and action plans are completed as required depending on the result of the audit. Key issues are not always documented as reported to appropriate committee.</p> <p>Benchmarking reports are generated throughout the year to review performance over a 12-month period.</p>	Meeting minutes reviewed did not all include feedback on internal audits or follow through to identify actions in response to quality data/trends	Ensure meeting minutes reflect feedback on internal audits and follow through of analysis of quality data to identify opportunities for

		Quality action forms are utilised at Kauri Coast and document actions that have improved outcomes or efficiencies in the facility.		improvement  90 days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Low	Five of seven resident files reviewed had full comprehensive assessments, including interRAI assessments, behavioural, falls and pressure area risk. All assessments have been signed and dated by the registered nurse and reviewed six monthly, or more as condition changed.	Two of seven resident files (two rest home) did not include an interRAI assessment.	To ensure that the interRAI assessment is completed within the required timeframes.  90 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Moderate	There are clear policies and procedures regarding monitoring, assessment and care planning to guide staff. The GP spoke positively about care provided to residents. Staff were witnessed on day of audit providing appropriate care to residents. Shortfalls were identified around care planning	1. The following shortfalls were identified in documentation review of four of seven hospital files reviewed (sample increased due to follow up of three incidents); (i) The long term care plan for a hospital resident with a current PI did not include pressure injury prevention strategies as the pressure risk assessment stated 'no risk; (ii) The generic STCP in place around the PI management for the same resident did not align with current needs; (iii) De-escalation techniques and supervised walks were not fully documented in the care plan for hospital resident with behaviours that challenge. The same resident was assessed as requiring T-belt restraint. The	1. Ensure care plans include interventions to reflect the current needs of residents: 2. (i) – (ii) Ensure monitoring charts are fully completed

		documentation in the hospital and implementation of monitoring charts.	<p>restraint or associated risks were not documented in the care plan; (iv) One hospital resident with identified pain and intermittent CDs had no documented pain management strategies in the long term care plan; (v) One hospital resident identified as a high falls risk had no falls prevention strategies documented; (vi) Continence management interventions were not clearly documented in two hospital files reviewed.</p> <p>2. The following shortfalls were identified around implementation of care; (i) staff interviewed were unsure which residents required regular turning and when residents were turned, these were documented on the restraint monitoring records (if they were in place); (ii) Monitoring charts currently in use were not reflected as an intervention for staff in long term care plans; (iii) Three hospital residents on a pressure mattress had the settings on the incorrect weight.</p>	<p>as directed in the care plans, (iii) Ensure pressure mattresses are set at the correct weight</p> <p>30 days</p>
<p>Criterion 2.2.5.1</p> <p>Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:</p> <p>(a) The extent of restraint use and any trends;</p> <p>(b) The organisation's progress in reducing restraint;</p> <p>(c) Adverse outcomes;</p> <p>(d) Service provider compliance with policies and procedures;</p> <p>(e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice;</p>	PA Low	<p>Restraint is reviewed through the quality and restraint meetings and restraint practices/documentation is reviewed through the 6 monthly internal audit. Restraint use is benchmarked across the organisation. Management of restraint incidents was not fully documented to manage risks.</p>	<p>One resident with nine separate restraint incidents did not have those incidents included for discussion in the restraint committee or included as part of the 'restraint incident' benchmarking indicators. As a result, interventions were not implemented to minimise the risk to the resident</p>	<p>Ensure incidents related to restraint use are fully reviewed and evaluated and actions implemented to minimise ongoing risks to residents</p>

<p>(f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation;  (g) Whether changes to policy, procedures, or guidelines are required; and  (h) Whether there are additional education or training needs or changes required to existing education.</p>				30 days
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.