# Bupa Care Services NZ Limited - Harbourview Rest Home & Hospital

## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** Harbourview Rest Home & Hospital

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 5 July 2017 End date: 5 July 2017

**Proposed changes to current services (if any):** This audit also verified the suitability of five existing hospital beds to be used as dual-purpose beds

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

## General overview of the audit

Harbourview is part of the Bupa group. The service is certified to provide hospital (medical, geriatric) and rest home level of care for up to 58 residents. On the day of audit there were 56 residents. Residents, families and the GP interviewed spoke positively about the service provided.

This surveillance 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, staff and management.

This audit also verified five existing hospital beds as suitable to be used as dual-purpose beds.

The service has addressed one of two shortfalls from the previous certification audit relating to resident’s self-medicating. Improvements continue to be required in relation to monitoring.

## Consumer rights

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| 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. |

Residents and family are well informed, including changes in resident’s health. The care home manager and clinical manager have an open-door policy. Complaints processes are implemented and complaints and concerns are managed and documented and learning’s from complaints shared with all staff.

## Organisational management

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| 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. |

Bupa Harbourview has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility is benchmarked against other Bupa facilities. Incidents documented demonstrated immediate follow-up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

## Continuum of service delivery

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| 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 low risk. |

The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed were individualised and demonstrated service integration. Care plans are evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. The residents and relatives were complimentary about the care received and the services provided at Harbourview.

Medication policies reflect legislative requirements and guidelines. The service uses an electronic medication system. The medicine charts have been reviewed at least three-monthly.

A diversional therapist oversees the activity team and implementation of the activity programme for each Bupa facility. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group.

All meals and baking is done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the dietitian. Residents and relatives commented positively on the meals provided.

## Safe and appropriate environment

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

The service has a current building warrant of fitness that expires 30 June 2018.

## Restraint minimisation and safe practice

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| 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. |

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 restraints in use and three residents using an enabler.

## Infection prevention and control

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| 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 surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

## Summary of attainment

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

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| **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 | 15 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 38 | 0 | 1 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | Complaints received are managed by the care home manager. The complaints procedure is provided to resident/relatives at entry and is available throughout the facility. Interview with relatives confirm they were provided with information on complaints and that a complaints procedure is provided to residents within the information pack at entry. At the time of the audit there had been six complaints made across 2016 and five received in 2017 year-to-date. All complaints reviewed reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken. There was a complaint management record completed for each complaint. The service is proactive in implementing actions following complaints. The number of complaints received each month is included in the Bupa benchmarking programme. One complaint made through the Health and Disability Commissioner and two through the Health and Disability Advocacy have been closed with corrective actions completed where required (letters were sighted confirming that no further action would be taken). |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. 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. Twelve accident/incident forms reviewed identified family are kept informed. Two relatives (one hospital and one rest home) interviewed stated that they are kept informed when their family member’s health status changes. Seven residents (three hospital and four rest home) interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. An interpreter policy and contact details of available 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. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Harbourview rest home and hospital is a Bupa residential care facility. The service currently provides care for up to 58 residents at hospital and rest home level of care. On the day of the audit there were 56 residents in total, 30 of 32 hospital level residents including one resident on ACC funded contract and two younger persons with disability residents. There were 26 of 26 rest home level residents, with 22 of 22 on level one, two of four located downstairs and two rest home level residents in the hospital unit.  Five hospital beds have been assessed at this audit as suitable to be utilised as dual-purpose beds.  Harbourview is part of the central Bupa region. A forum is held every six months (with national conference including all the Bupa managers). Quarterly quality reports on progress towards meeting the quality goals identified are completed at Harbourview and forwarded to the Bupa quality and risk team. Meeting minutes reviewed included discussing ongoing progress to meeting their goals. Harbourview annual goals link to the organisations goals and this is also reviewed in quality meetings and in the staff meetings. A vision, mission statement and objectives are in place. Annual goals (2017) for the facility have been determined, which link to the overarching Bupa strategic plan.  The care home manager is a registered nurse and she has been in the role for 18 months and has been working in management at Bupa for five years. She is supported by a clinical manager who has been in the position for four months. Support is also provided by the operations manager, who was present during the audit.  The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa operations manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.  The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to): residents’ falls, infection rates, complaints received, restraint use, pressure areas, wounds and medication errors. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are established, implemented and are signed off when completed. The resident satisfaction survey for 2016 improved to 100% overall satisfaction from 91% overall satisfaction in 2015.  Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the health and safety committee. One health and safety officer (maintenance person) was interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. An employee health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety Plan.  Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms. |
| Standard 1.2.4: Adverse Event Reporting  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. | FA | 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. Twelve accident/incident forms were reviewed for June 2016. Incidents documented demonstrated immediate follow-up from a registered nurse. Not all neurological observations conducted for unwitnessed falls reviewed were completed for the timeframes required by the organisational policy (link 1.3.6.1). Incidents are benchmarked and analysed for trends. The care home manager and operations manager were aware of their requirement to notify relevant authorities in relation to essential notifications. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are human resources policies that include recruitment, selection, orientation and staff training and development. Five staff files reviewed (one clinical manager, one RN, two caregivers and one activities coordinator) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.  The orientation programme provides new staff with relevant information for safe work practice. There is an education and training calendar schedule in place. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction and annually there after. Competency register sited. Registered nurses are supported to maintain their professional competency. Six registered nurses are employed and four have completed their interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.  The care home manager and clinical manager work full-time, Monday through to Friday. The care home manager is on-call for any non-clinical matters and the clinical manager is on-call for any clinical issues.  In the hospital area (32 residents, including two rest home) there is a RN on the morning, the afternoon and night shifts. There are six caregivers in the hospital area on the morning shift, five caregivers on the afternoon shift and one caregiver on the night shift.  In the rest home area (24 residents, including two residents’ downstairs) there are three caregivers on the morning shift. The clinical manager oversees the residents and addresses any clinical needs. There are three caregivers on the afternoon shift and one caregiver on the night shift. The RNs in the hospital area cover the rest home area for the afternoon and nights shifts. Advised that extra staff can be called on for increased resident requirements. Interviews with caregivers, residents and family members identify that staffing is adequate to meet the needs of residents. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Ten medication charts were reviewed (six hospital - including one resident admitted under a young person with disability contract, and four rest home). There are policies available for safe medicine management that meet legislative requirements. The service uses an electronic medication management system. All medication charts sampled met legislative prescribing requirements. The medication charts reviewed identified that the GP had reviewed all residents’ medication three monthly and allergies were noted.  All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. The service uses robotic packed medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.  There are no standing orders in use. There were two rest home residents self-medicating on the day of audit and all the required documentation had been completed. There was evidence that the registered nurses were monitoring the residents who were self-medicating, and that they were taking their medication as prescribed. The previous find relating to daily checking of residents who are the self-medicating has been met.  The medication fridge temperature is recorded regularly and this is within acceptable ranges. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | All meals and baking are prepared and cooked on-site. The chef is supported in the morning and in the afternoon by kitchenhands. Food services staff have attended food safety training. The four-weekly seasonal menus have been reviewed by the organisational dietitian. The chef will prepare the residents choice meal on special occasions. The main meal is now served in the evening as a result of resident feedback on the meal service. Meals are delivered in bain maries to each unit where meals are served by the chef and a kitchenhand.  The chef receives a resident dietary profile for new residents and is notified of any dietary changes. Likes and dislikes are known. Special diets are accommodated including diabetic desserts, soft and purred diets and vegetarian. The chef is notified of any resident’s dietary changes and weight loss. The chef meets with all new residents to discuss their dietary requirements and preferences.  Fridge, freezer and end cooked meat temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and facility kitchenette fridges were dated. The dishwashers are checked regularly by the chemical supplier. Staff have received training in chemical safety. Chemicals are stored safely. A cleaning schedule is maintained.  Direct input from residents and relatives provide feedback on the meals and food services generally. Residents and/or family members interviewed were very satisfied with the food and confirmed alternative food choices were offered for dislikes. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Low | Registered nurses (RNs) and caregivers, follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, to the district nurse [hospice nurse], or the mental health nurses). If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.  Wound assessment, monitoring and wound management plans are in place for residents with wounds. All wounds have been reviewed in appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the district nursing service.  Interviews with registered nurses and caregivers demonstrated an understanding of the individualised needs of residents. Care plan interventions were documented for all assessed care needs including falls prevention. There was evidence of pressure injury prevention interventions such as two hourly turning charts, food and fluid charts, regular monitoring of bowels and regular (monthly or more frequently if required) weight management. Pain assessments were in place for residents with pain. Not all monitoring had been documented as completed and therefore this previous finding remains open. |
| Standard 1.3.7: Planned Activities  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. | FA | The service employs a team of three activity coordinators to coordinate and provide the integrated rest home/hospital activity programme. The activity coordinators attend six-monthly Bupa training for activities and attend relevant on-site education.  The programme is delivered Monday to Friday, with caregivers coordinating and supervising activities as per the weekend calendar. There are two activity coordinators on two of the weekdays offering residents a choice of activities. One-on-one time is spent with residents who are unable to or choose not to join in the group activities. Bupa has set activities on the programme that is delivered with the flexibility to add site-specific activities, entertainers and outings. Activities meet the abilities of both resident groups.  Residents are encouraged to maintain links with the community including weekly outings, visits to clubs and RSA, visiting Nuns for communion and attending churches of their choice. Canine friends visit weekly. The service has a wheelchair hoist van. Activity coordinators have current first aid certificates.  Special events, themes and birthdays are celebrated. Staff are actively involved in activities such as the pantomimes, cultural week, mid-winter Christmas and celebrations.  The family/resident completes a ‘Map of Life’ on admission, which includes previous hobbies, community links, family, and interests. In all resident files reviewed, the individual activity plan was incorporated into the care plan and reviewed at the same time as the care plan.  Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The initial care plan and long-term care plans were reviewed and evaluated by the registered nurse at least six-monthly in all files sampled. Six-monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities coordinator and any other relevant person involved in the care of the resident, such as the physiotherapist. Family members are invited to attend the MDR. Written evaluations are documented, identifying if the resident needs/goals have been met or unmet. Changes are made to ensure the residents current needs are reflected in the long-term care plan. Short-term care plans are evaluated at regular intervals. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | A current building warrant of fitness is posted in a visible location (expiry 30 June 2018). |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.  Infection control data is collated monthly and reported at quality and risk, infection control committee 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 on display for staff. The infection control programme is linked with the quality management programme. Benchmarking occurs against other Bupa facilities.  Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service.  The service had one outbreak in June 2017. Documentation sighted confirmed authorities had been notified within a timely manner and the outbreak well managed. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There is restraint minimisation and safe practice policies applicable to the service. Guidelines of the use of restraints policy ensures that enablers are voluntary, the least restrictive option and allows residents to maintain their independence. There is a restraint and enabler register. There are currently six hospital residents using restraint and three hospital residents with enablers. Documentation was reviewed for one restraint and three enablers and evidences assessment, authorisation, consent, planning, monitoring and review of the devices is fully documented. All enabler consents had been signed by the resident. |

# Specific results for criterion where corrective actions are required

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.6.1  The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Low | The RN reviews information gathered from assessments, monitoring charts, observations, and interviews with residents, staff and families to document the interventions required in a care plan. The registered nurses follow-up and assess residents following an adverse event. The registered nurses interviewed advised they complete neurological assessments following an unwitnessed fall, however six hospital residents did not evidence neurological observations had been completed at the frequency and timeframes required by the organisational policy. | Six of six hospital residents who had an unwitnessed fall had not had neurological observations completed in the frequency and timeframes required by the organisational policy. | Ensure neurological observations are completed according to the requirements of the organisational policy.  60 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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| No data to display |

End of the report.