# Bupa Care Services NZ Limited - Merrivale Rest Home

## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](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:** Merrivale Rest Home

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

**Dates of audit:** Start date: 3 December 2014 End date: 4 December 2014

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 62

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

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

Merrivale is part of the Bupa group. The service provides rest home, hospital and dementia level care for up to 66 residents. On the day of audit, there were 25 rest home residents, 25 hospital residents and 12 dementia care residents.

Merrivale has a care home manager (registered nurse) who has been in the role for six months. She is experienced in clinical and business management. The care home manager is supported by a clinical nurse manager with 15 years aged care experience.

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

Relatives and residents interviewed stated that they are involved in planning care and were overall happy with the care provided.  
One shortfall identified at the previous audit has been addressed. This was around medication documentation. There is one shortfall identified at this audit around documentation of interventions.

## 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. |

Open disclosure is practised. Relatives interviewed confirmed they were well informed of incidents/accidents and changes of health status. The complaints procedure is provided to residents and relatives as part of the admission process. Information is also posted on noticeboards around the facility. There is a complaints register that is up to date and includes relevant information regarding the complaint. Documentation, including follow up letters and resolution, demonstrates that complaints are well managed.

## 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 Merrivale has an established quality and risk management system that supports the provision of clinical care and support. Quality and risk performance is reported across the facility meetings and also to the organisation's management team. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Individual incident reports are completed for each incident/accident with immediate action noted and any follow up action required. The data is linked to the organisation's benchmarking programme and this is used for comparative purposes. Corrective action plans are established when necessary if incidents are above the benchmark.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. All caregivers working in the dementia unit have completed or are in the process of completing the required dementia standards.

The organisational staffing policy aligns with contractual requirements and includes skill mixes. The Bupa wage analysis schedule (WAS) is based on the safe indicators for aged care and dementia care and the roster is determined using this as a guide.

## 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 sample of residents’ records reviewed provides evidence that the provider has systems to assess, plan and evaluate care needs of the residents. A clinical manager/registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whanau input as applicable. Care plans are developed and demonstrate service integration and are reviewed at least six monthly. Resident files include notes by the GP and allied health professionals. There is an improvement required around documentation of interventions to reflect the resident’s current needs.

Medication policies reflect legislative requirements and guidelines. Staff responsible for administration of medicines completes education and medicines competencies. The medicines charts reviewed include photo identification and documentation of allergies and sensitivities.

An activities programme is implemented separately for the residents across three levels of care. The programme includes community visitors and outings, entertainment and meaningful activities that meet the recreational preferences and abilities of the consumer group.

All food and baking is done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. Meals are well presented and a dietitian has reviewed the Bupa menu plans. Nutritious snacks are available 24/7 in the dementia unit.

## 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 building holds a current warrant of fitness. There is reactive and planned maintenance system in place.

## 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. |

There are clear guidelines in policy to determine what a restraint is and what an enabler is. The process of assessment and evaluation of enabler use is the same as a restraint. The service has one resident with an enabler. Enablers are used voluntarily. Training has been provided around restraint, enablers and challenging behaviour.

## 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. |

Surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Effective monitoring is the responsibility of the infection control co-ordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections, which have been completed in 2014 as per internal audit schedule.

Quality improvement initiatives are taken and recorded as part of continuous improvement. Documentation covers a summary, investigation, evaluation and action taken.

## 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 | 39 | 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 | The number of complaints received each month were reported to the care facility via the company benchmarking spread sheet'. There is a complaints flowchart.  D13.3h. The complaints procedure is provided to resident/relatives at entry and was displayed around the facility. A complaint management record is completed for each complaint/concern received including written and verbal. There have been four complaints for 2014. All have been investigated, followed up with letter and resolved within the required timeframe of Right 10 of the Code. The care home manager is the privacy officer. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is specific policy to guide staff on the practice of full and frank open disclosure. There is documented evidence of relative notification on the 28 incident/accident forms sampled across the three levels of service. Contact with family/whanau is also documented on the family/whanau contact record held in the resident file. Six residents and seven relatives stated the management team are readily available and operate an “open door” policy.  D16.4b Seven relatives interviewed (two hospital, three rest home and two dementia care) stated that they are always informed when their family members health status changes.  Merrivale newsletters are sent out to families.  D12.1 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 Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.  D16.1b.ii The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement  D11.3 The information pack is available in large print and this can be read to residents |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The Bupa overall vision is "Taking care of the lives in our hands". There are six key values that are displayed on the wall. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Merrivale has set specific quality goals for 2014.  Bupa Merrivale provides rest home, hospital and dementia level care for up to 66 residents. There are 18 rest home beds, eight dual purpose beds, 25 hospital beds and 15 dementia care beds. There are three dedicated respite beds (two dual purpose and one hospital). On the day of audit there were 62 residents including one rest home respite and one hospital respite care resident.  Bupa Merrivale has a care home manager/registered nurse that has been in the role six months and has previous experience in clinical and business management. She is currently studying towards a master of advanced nursing. The clinical nurse manager has been in the role 18 months and has 15 years clinical experience in aged care.  Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual organisational forums and regional forums six monthly. Both have completed leadership programmes.  ARC,D17.3di (rest home, hospital), the managers have maintained at least eight hours annually of professional development activities related to managing a rest home/hospital. |
| 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 | Merrivale continues to have an implemented quality and risk management system. Site specific quality goals were reviewed at the three monthly quality meetings (minutes sighted). Quality and risk performance is reported across the facility meetings (heads of departments, quality, infection control and health and safety) and staff memos. Quality improvements include (but not limited to);  a) D19.2g Falls reduction project – over the last year (July 2013 to June 2014) a falls focus group has formed that links into the regional district health board (DHB). Staff are involved in workshops and provide input into strategies for falls reduction. Raising staff awareness, analysis of falls by location and shift, regular exercises and walks for residents. Currently there are 94% rest home residents and 92% hospital residents on the DHB Vitamin D programme. All new residents are considered for the Vitamin D programme. There has been a significant reduction in falls on the afternoon shift from 33 to 7 in the last year.  b) A physiotherapist has been employed for two hours to complete falls assessments, post falls assessments, exercise programme and manual handling training for staff.  C) Registered nurse education (RN) – external education is supported with three RNs undertaking post graduate studies. RNs are being encouraged to take on resource clinical roles. RNs attend monthly clinical assessment sessions held with the general practitioner (GP). The organisation has a clinical governance group  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. The manager is notified by head office when there has been a policy change. Staff read and sign the reviewed/new policy declaration.  Key components of the quality management system link to the monthly quality committee. There are monthly accident/incident and infection events benchmarking reports completed that break down the data collected across the rest home, dementia unit, and hospital units and staff incidents/accidents. Infection control and health and safety reports are an agenda item at the quality committee meeting and staff meetings. Data is available to all staff.  The facility monitoring programme includes internal audits, surveys, incident/accident and infection control reporting. The frequency of monitoring is determined by the Bupa internal audit schedule. Audit summaries and action plans are completed where a noncompliance is identified. Bupa is active in analysing data collected and corrective actions are required based on benchmarking outcomes. Feedback is provided via graphs and benchmarking reports. Benchmarking reports are generated throughout the year to review performance over a 12-month period.  D19.3: There is a comprehensive health and safety and risk management programme in place. Hazard identification, assessment and management (160) policy guides practice. The service has a health and safety officer who has completed Stage 2 of health and safety training. There is a current hazard register with identified hazards for each area of work. Bupa Merrivale holds the tertiary level of workplace safety management practice.  Staff continue to participate in the Bupa Be Fit programme. A recent initiative called “walking miles” provides social and physical wellbeing and promotes team building. |
| 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 | D19.3c: The service collects incident and accident data. The category one incidents policy (044) includes responsibilities for reporting ‘Cat one’ incidents. The completed form is forwarded to the quality and risk team as soon as possible and definitely within 24 hours of the event.  D19.3b; The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Individual incident reports are completed for each incident/accident with immediate action noted and any follow up action required. Twenty eight incident forms reviewed for October 2014 (nine rest home, seven hospital and 12 dementia care unit) evidenced clinical assessment and follow up by an RN (link 1.3.6.1).  Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. An outbreak in March 2014 was reported to the DHB (fax report sighted). |
| 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 is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. Six staff files reviewed included up to date performance appraisals and documentation. All staff files included a personal file checklist. RN and enrolled nurse practising certificates were sighted.  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. Completed orientation booklets are on staff files.  There is an annual education schedule that is being implemented and covers more than eight hours annually. Education is also provided by way of toolbox talks. Bupa has a nursing council approved professional development recognition programme (PDRP).  Discussion with staff and management confirmed that a comprehensive in-service training programme in relevant aspects of care and support is in place. Education provided is an agenda item of the monthly quality meetings. A competency programme is in place with different requirements according to work type. Staff have completed first aid certificates.  E4.5f There are nine caregivers that work in the dementia unit. Eight have completed the required dementia standards and one has commenced the unit standards within the required timeframe. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is an organisational staffing policy (359) that aligns with contractual requirements and includes skill mixes. The WAS (Wage Analysis Schedule) is based on the Safe indicators for Aged Care and Dementia Care and the roster is determined using this as a guide. A report is provided fortnightly from head office that includes hours and whether over and above hours. The care home manager and clinical nurse manager are on duty Monday to Friday. There is an enrolled nurse on duty in the dementia care unit on mornings and afternoons with RN oversight. There is a hospital unit co-ordinator on duty from Monday to Friday. There is 24/7 RN cover and adequate staffing levels on duty. Hospital residents in dual beds are the responsibility of the RN on duty. A caregiver with a current first aid certificate responds to calls from the village after hours only. There are adequate staffing levels on duty at all times. |
| 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 | There is a locked treatment room in the hospital where the hospital medication trolley, controlled drugs safe and pharmaceutical supplies are kept. Rest home and dementia care unit medication trolleys are stored in locked cupboards. The supplying pharmacy delivers the regular monthly robotic rolls and as required medication (blister packs). A registered nurse on night shift and one other medication competent person check the medications on delivery as sighted on the robotic checking form. Any discrepancies are fed back to the supplying pharmacy. Returns are stored safely in the medication room until collected. All stock and expiry dates are checked. Emergency drugs, first aid kit, oxygen and suction are checked weekly. RNs, ENs and senior caregivers who administer medications complete annual medication competency and education. RNs have completed syringe driver competency and annual refreshers. Standing orders are current, signed by both GPs and reviewed six monthly. All eye drops in use in the medication trolleys are dated on opening. The medication fridge has temperatures recorded daily and these are within acceptable ranges. There are controlled drug checks weekly and end of page stocktake by two RNs. There is a pharmacy stocktake six monthly. Controlled drugs are administered by RNs only. Previous audit findings around medication documentation have been addressed.  Twelve medication charts (four hospital, four rest home and four dementia care) were sampled. All have dated photo identification and allergy status noted. The medication charts are pharmacy generated. All as required medications administered are dated and timed. All medication charts sampled have been reviewed three monthly by the GP. |
| 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 | Bupa policies and procedures are in place. The service employs a kitchen manager (chef) 0630 to 1500, Monday to Friday. The kitchen manager is supported by a chef and cooks who work weekends and cover chef’s days off and a kitchen hand. The national six weekly menus have been audited and approved by the company dietitian. Variations to the menu are recorded. All meals and baking is done on site. The residents have a nutritional record completed on admission which identifies dietary requirements, likes and dislikes. This is reviewed as part of the care plan review. A communication book is used between the staff. There is specialised crockery such as lip plates and mugs and utensils to promote resident independence with meals. Alternative choices are offered for dislikes and this is confirmed on resident interviews. Special diets are catered for including pureed and diabetic juices are provided for diabetics. Meals are transported in hotboxes and served from bain maries in the dining rooms. Staff are observed sitting and assisting/feeding residents in the dining rooms at lunchtime. End cooked food temperatures are checked and recorded for all foods. Fridge, freezer and chiller temperatures are recorded daily. All foods in the fridges and chiller are dated. Inwards good temperatures are recorded for all chilled/frozen foods. The dishwasher temperature is recorded daily. Staff are observed wearing appropriate protective clothing. Chemicals are stored safely. Cleaning duties list is maintained (sighted). The maintenance person undertakes cleaning duties such as walls and ceilings as per the three monthly and six monthly cleaning schedules (sighted).  There is a well equipped kitchen with a good work flow, separate dishwashing and food preparation/baking areas, external delivery area, walk-in freezers and chiller. Inwards goods are temperature checked on arrival. All foods in the chillers, refrigerators and freezer are date labelled. There is daily temperature monitoring of fridges in the facility kitchenettes. There is a locked chemical cupboard within the kitchen for the storage of chemicals.  Residents have the opportunity to provide feedback on the menu and food services through the resident meeting, which a chef attends. Meeting minutes are available to the food services team.  Food services staff have attended food safety and hygiene training and chemical safety training.  E3.3f. There are nutritional snacks available in the dementia unit 24 hours. |
| 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 | Residents' care plans are completed by the registered nurses. When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. The family members confirmed on interview they are notified of any changes to their relative’s health including accident/incidents, infections, GP visits, appointments etc. Discussions with families were documented on the family contact form in the resident file.  Caregivers and RNs interviewed state there is adequate equipment to carry out the cares as instructed in the care plans including (but not limited to); electric beds, sensor mats, pressure area mattresses and cushions, standing and lifting hoists, chair scales, transferring equipment, walking frames, wheelchairs, lazy boy chairs on wheels and gloves, masks and aprons. All equipment is tested and calibrated.  18.3 and 4: Adequate dressing supplies are available. Wound management policies and procedures are in place.  Wound assessment, wound management and evaluation forms are in place for eight skin tears, three chronic wounds and two surgical wounds.  Continence products are available and resident files include and management a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The clinical manager (interviewed) described the referral process should they require assistance from a wound specialist, continence nurse, dietitian, speech language therapist, diabetes nurse or other allied health or nursing specialists.  There are a number of monitoring forms available for use that include two hourly turns, blood pressure, weight, fluid balance charts, food monitoring, behaviour, blood sugar monitoring, bowel records, continence diary, restraint monitoring and neurological observations.  There is an improvement required around the documentation of interventions to reflect the resident current needs. |
| 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 an activity co-ordinator in each unit from Monday to Friday. The coordinators commenced work in 2014 and are qualified; The activity programme follows the Bupa core activities plan and is adapted for each unit residents of lesser physical ability while also maintaining their recreational and social needs, interests, hobbies and community links. Weekly activities include a variety of exercises, bowls, housie, entertainment and community visitors. One on one time is spent with residents which includes hand care (massage/manicures), chats and discussions, reminisce and other individual activities as they desire. There is a large lounge are where activities take place. Special occasions and events are celebrated such as ANZAC day where the residents made a wreath and a service held on-site. The local churches rotate to provide a church service for the residents.  The facility has a van for outings and all units share this. Family are invited to attend the resident meetings chaired by the manager. This meeting provides an opportunity for feedback and suggestions on the programme, outings and entertainment. Residents interviewed were happy with the choice and variety activities offered. If they choose not to participate in the activity the activity co-coordinator visits them for a chat and one on one activity time.  All residents have an activity assessment, “Map of Life” and activity plan developed in consultation with the resident/family/whanau as appropriate. There is a co-ordinated approach to the review of the activity care plan with the activity co-ordinator involved in the multidisciplinary review. Resident individual activity participation registers are maintained. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | D16.4a Care plans are evaluated by the primary registered nurse six monthly or when changes to care occur. One resident in the sample group has not been at the service long enough for a review. Short term care plans for short term needs are evaluated and either resolved or added to the long term care plan as an on-going problem. The multidisciplinary review involves the RN, diversional therapist, GP and resident/family. The family are notified of the outcome of the review by phone call and if unable to attend they receive a copy of the reviewed plans. There is at least a three monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building holds a current warrant of fitness which expires on 1 June 2015. The building has two levels with lift access between the floors. Electrical equipment has been tested and tagged. Reactive and preventative maintenance occurs. There is a 52 week planned maintenance programme in place. Hot water temperature is monitored weekly in resident areas and is within the acceptable range. All medical equipment is due for calibration 21 November 2016.  ARC D15.3, The following equipment is available, electric beds, sensor mats, pressure area mattresses and cushions, standing and lifting hoists, scales, transferring equipment, walking frames, wheelchairs, lazy boy chairs on wheels and gloves, masks and aprons. |
| 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 coordinator (clinical nurse manager) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.  Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality, and infection control meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. The infection control co-ordinator attends regional meetings and Bupa teleconferences. Staff receive annual infection control education.  Internal infection control audits also assist the service in evaluating infection control needs. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | A restraint policy is in place. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes comprehensive restraint procedures.  The process of assessment and evaluation of enabler use is the same as a restraint and included in the policy. The service has one enabler and no restraints in use. The file (reviewed) includes a consent and assessment. The enabler is identified in the long term care plan (link 1.3.6.1). Training has been provided around restraint, enablers and challenging behaviours. The restraint co-ordinator is the clinical nurse manager who attends regional meetings and six monthly teleconferences. |

# 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.

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| --- | --- | --- | --- | --- |
| **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 | There are two sacral pressures, both grade 2, and a pressure area on a thumb that is grade 3. Chronic wounds are linked to the care plan. Photos are taken of chronic and non-healing wounds. The GP is notified of any non-healing wounds as evidenced in the GP notes and chronic wounds are reviewed at the three monthly medical review. One of three pressure areas had timeframes met when assessments were made.  Resident cultural needs are identified during the assessment and review process and documented in the long term care plan.  Residents are weighed monthly as per policy. Weigh scales are calibrated annually.  There is one enabler in use in the facility and no restraints. A consent, assessment and reviews were completed.  All falls are reported on the accident/incident form. There is documented RN clinical assessment of all residents who fall. A physiotherapist completes post falls assessments. | (i) Two of three rest home residents with pressure areas did not have wound assessments completed at the documented timeframes.  (ii). A resident identifying as Maori did not have cultural needs documented in the care plan (link rest home tracer 1.3.3.).  (iii). Resident weights have not been completed monthly for two rest home residents.  (iv). The care summary does not identify the use of enabler. The care plan does not identify the risks associated with the enabler use (link 2.1).  (v) Neurological observations have not been completed as per policy for three unwitnessed falls and two residents post-fall with head injury (link 1.2.4.3) | (i). Wound assessments to be completed as per documented frequency.  (ii).Residents identifying as Maori are required to have their needs documented in the care plan.  (iii). Resident weights to be completed monthly.  (iv). Enablers to be identified in the care summary. Identified risks to be documented in the care plan.  (v). Neurological observations to be completed as per policy for unwitnessed falls or head injuries.  90 days |

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

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

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

If, instead of a table, 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.