

# Bupa Care Services NZ Limited - Lake Wakatipu Home and Hospital

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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>	Lake Wakatipu Home and Hospital
<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: 26 March 2015 End date: 27 March 2015
<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>	35

# 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

Lake Wakatipu Home and Hospital is part of the Bupa group. The service is certified to provide hospital (medical and geriatric) and rest home level care for up to 35 residents.

This certification audit was conducted against the Health and Disability Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and a general practitioner.

The care home manager at Lake Wakatipu has been in post for sixteen months, and clinical manager in the role for one month. The manager has many years' experience in aged care and management. There are systems being implemented that are structured to provide appropriate quality care for residents. An orientation and in-service training programme continues to be implemented that provides staff with appropriate knowledge and skills to deliver care.

There are improvements required around aspects of care planning.

## 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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Lake Wakatipu endeavours to provide care in a way that focuses on the individual residents' quality of life. There is a Maori Health Plan supporting practice. Cultural assessment is undertaken on admission and during the review process. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is readily available to residents and families. Annual staff training supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified ongoing involvement with community.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Lake Wakatipu is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Quality and risk performance is reported across the facility meetings and to the organisation's management team. There are four benchmarking groups across the organisation focusing on rest home, hospital, dementia, psychogeriatric and mental health services. Lake Wakatipu is benchmarked in two of these (hospital and rest home). There are human resources policies to guide practice and an orientation

programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care. External training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

## 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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Initial assessments and risk assessment tools are completed by the registered nurse on admission. Care plans demonstrated service integration, were individualised and evaluated six monthly. Time frames for completion of care plans, the use of assessment tools and monitoring forms are areas in the care planning process that requires improvement. The residents and family interviewed confirmed they were involved in the care planning and review process. Short term care plans were in use for changes in health status. The activity coordinators provide a combined activities programme for rest home and hospital residents. The activities programme ensures the individual abilities and recreational needs of the resident are met. It was varied, interesting and involves the families and community. There are policies and processes that describe medication management that align with accepted guidelines. Staffs responsible for medication administration have completed annual competencies and education. There were three monthly GP medication reviews. Meals are prepared on site. The menu was designed by a dietitian at organisational level. Individual and special dietary needs were catered for. Alternative options were provided. Residents interviewed responded favourably to the meals provided.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. There are preventative and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. All bedrooms are single and some have ensuite facilities. There is sufficient space to allow the movement of residents around the facility using mobility aids or lazy boy chairs. The hallways and communal areas are spacious and accessible. The outdoor areas are safe and easily accessible. Housekeeping staff maintain a clean and tidy environment. Laundry and linen service is done off-site.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that is congruent with the definition in the standards. The process of assessment and evaluation of enabler use is the same as a restraint and included in the policy. The service has three residents on the register with restraint and no enablers. Review of restraint use across the group is discussed at regional restraint approval groups and at the facility in monthly restraint meetings. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

## 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 co-ordinator (care home manager) is responsible for coordinating/providing education and training for staff. The infection control co-ordinator is supported by the Bupa quality and risk team. 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 co-ordinator 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 on-going 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	47	0	2	1	0	0
<b>Criteria</b>	0	98	0	2	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>Bupa policies and procedures were being implemented that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents are provided with information on admission which includes the Code. Staff receive training about the Code and competency questionnaires are also completed. Interview with three caregivers (one caregiver is an enrolled nurse) two registered nurses, one cook and two activities staff demonstrate an understanding of the Code. Residents interviewed (five rest home and one hospital) and relatives (three rest home and two hospital) confirm staff respect privacy, and support residents in making choice where able.</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>The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident on all resident files reviewed. There is evidence of general practitioner (GP) and family discussion regarding a clinically not indicated resuscitation status. General consent forms were evident on files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal care, entering rooms and so on. Enduring power of attorney evidence is sought prior to</p>

		admission and activation documentation is obtained and both are filed with the admission agreements. Where legal processes are on-going to gain EPOA this is recorded, as are letters of request to families for the supporting documentation.
<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	<p>Residents are provided with a copy of the Code and information about advocacy services on entry. Interview with the care home manager and the clinical manager confirmed this occurs. Interview with six residents confirmed that they are aware of their right to access advocacy. Interview with five family members confirmed that the service provides opportunities for the family/EPOA to be involved in decisions. In the six files reviewed there was information on residents' family/whanau and chosen social networks.</p>
<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	<p>The activities policy encourages links with the community. This was seen to be implemented at Lake Wakatipu with the activities programmes including opportunities to attend events outside of the facility, for example, shopping. Residents and relatives interviewed informed visiting can occur at any time, and that the service encouraged involvement with community activities. Visitors were observed coming and going at all times of the day during the audit.</p>
<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>There is a complaints procedure to guide practice. The care home manager has overall responsibility for managing the complaints process at Lake Wakatipu. A complaint management record has been completed for each complaint and a record of all complaints per month had been recorded on the register. The register included relevant information regarding the complaint including date of resolution. All supporting documentation was available. Three complaints were received in 2014 with all documentation, action and resolution recorded. There were no complaints to date in 2015. Verbal complaints are included and actions and response are documented. Complaints are reported to head office monthly. The complaints procedure is provided to resident/relatives at entry and also around the facility on noticeboards. Discussion with six residents and five relatives confirmed they were provided with information on the complaint process. Complaint forms were visible for</p>

		residents/relatives in various places around the facility.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The information pack provided to residents on entry includes information on how to make a complaint, and information on advocacy services and the Code. There is the opportunity to discuss these services prior to, and during the admission process with the resident and family. Large print posters of the Code and advocacy information are displayed in the facility. The families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement. The monthly resident/family meetings facilitated by age concern also provide the opportunity for to raise issues/concerns (minutes sighted). Residents and relatives interviewed inform information has been provided around the Code and the complaints process.</p>
<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>The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Six resident files reviewed identified that cultural and /or spiritual values and individual preferences are identified on admission and then integrated with the residents' care plan. This included cultural, religious, social and ethnic needs. There was evidence of family involvement. Interviews with six residents confirmed their values and beliefs were considered on admission. There were clear instructions provided to residents regarding personal belonging in the admission agreement. A tour of the facility confirmed there is the ability to support personal privacy for residents. During the audit, staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms. There is an abuse and neglect policy is being implemented and includes staff in-service education. Interview with three caregivers described how choice is incorporated into resident cares. Interview with six residents informed staff are respectful. A resident satisfaction survey was completed in November 2014 that indicated an 84% overall satisfaction with the service (an increase of 13% on the previous year).</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</p>	FA	<p>Bupa has a Maori health plan that aligns with contractual requirements. There are supporting policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs and identify culturally safe</p>

individual and cultural, values and beliefs.		practices for Māori. The Bupa Maori health policy was first developed in consultation with kaumatua and is utilised throughout Bupa's facilities. Family/whanau involvement is encouraged in assessment and care planning. Visiting is encouraged. Links are established with disability and other community representative groups as requested by the resident/family. Cultural needs are addressed in the care plan. There were no resident who identified as Mori on the day of the audit.
<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 provides a culturally appropriate service by ensuring it understands each resident's preferences and where appropriate their family/whanau. Values and beliefs are discussed at the initial care planning meeting and then incorporated into the care plan. Six monthly multi-disciplinary team meetings are scheduled to assess if needs are being met. Family are invited to attend. Family assist residents to complete 'the map of life'. Discussions with four relatives informed values and beliefs are considered. Discussion with six residents confirmed staff take into account their culture and values. Six care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The Code of Conduct is included in the Employee Pack. Job descriptions include responsibilities of the position and are in files reviewed. There are implemented policies to guide staff practice in respect of gifts. Clinical meetings occur two monthly and include discussion on professional boundaries and concerns as they arise (minutes sighted). Management provide guidelines and mentoring for specific situations. Interviews with the clinical manager, and two registered nurses confirmed an understanding of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Services are provided at Lake Wakatipu that adhere to the health and disability services standards. There is an organisational policy and procedure review committee to maintain currency of operating policies. These documents have been developed in line with 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. All Bupa facilities have a master copy of policies and procedures as well as related clinical forms. A number of core clinical practices also have education packages for staff which are based on their policies.</p> <p>There are four benchmarking groups monitored through Bupa, of which</p>

		<p>Lake Wakatipu is benchmarked against hospital and rest home indicators. Information is provided to staff on the trends and corrective action plans when indicators are above the benchmark (e.g. skin tears, falls). Actions were reviewed and signed out. Bupa quality and risk management systems are being implemented at Lake Wakatipu.</p> <p>There is a learning and development fund that is available to support the on-going learning of all employees. All caregivers are required to complete foundations level two as part of orientation. Bupa has introduced leadership development of qualified staff including education from HR, attendance at external education and Bupa qualified nurses' education day and education session at monthly meeting. There are implemented competencies for caregivers, enrolled nurses and registered nurses. The standardised annual education programme, core competency assessments and orientation programmes were all seen to be being implemented at Lake Wakatipu.</p> <p>The Bupa "personal best" initiative is implemented at Lake Wakatipu. One staff member has achieved a gold status. Staff progress is reported at the staff meetings.</p> <p>Discussions with residents and relatives were positive about the care they receive.</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>There is an incident reporting policy to guide staff to their responsibility around open disclosure. Incident forms have a section to indicate if family have been informed (or not) of an event. Incident forms reviewed from February 2015 (both service types) identified that family had been notified following a resident incident. Incident/accident forms are audited as part of the internal auditing system and a criterion is identified around "incident forms" informing family. The audit was completed in October (2014) and confirmed family notification (99%). Five relatives stated that they are informed when their family members health status changes. There is an interpreter policy and contact details of interpreters were available.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.</p>

		The information pack is available in large print and this can be read to residents.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Lake Wakatipu is a Bupa facility. The service provides rest home and hospital level care for up to 35 residents. Occupancy on the day of audit was 35 residents – 18 rest home and 17 hospital level residents. There is contacted physiotherapy service for at least two hours per week. Residents can retain their own general practitioner (GP) on admission and there is one contracted GP.</p> <p>Bupa have identified six key values that are displayed on the wall at Lake Wakatipu. There is an overall Bupa business plan and risk management plan and a documented purpose, values, and direction. Each facility is required to develop annual quality goals – In 2014 Lake Wakatipu had been focusing on reducing medication incidents, reducing falls by 50%, increased focus on care of residents with dementia with emphasis on activities to reduce challenging behaviours and restraint incidents by 50% and to provide residents with warm toast. Progress towards goals were reported through the various meetings – for example the quality meeting full staff and clinical meeting. Lake Wakatipu participates in the organisations benchmarking programme that monitors key aspects of care.</p> <p>The care home manager at Lake Wakatipu is an experienced manager (RN) with a current practising certificate and has an aged residential care background. The care home manager is supported by a clinical manager (registered nurse) who oversees clinical care and has been in the role for one month (background in aged care). The management team is supported by the wider Bupa management team that included an operations manager. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual forums and regional forums six monthly. The manager has maintained at least eight hours annually of professional development activities related to managing a hospital.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the</p>	FA	<p>During a temporary absence, the clinical manager will cover the manager's role supported by the operations manager. The audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events.</p>

provision of timely, appropriate, and safe services to consumers.		
<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>	FA	<p>Lake Wakatipu is implementing the Bupa quality and risk management system which is designed so that key components are linked to facility operations. The quality committee meet two monthly and outcomes are then reported across the various meetings including the staff meetings, clinical meetings and health and safety meetings. Meeting minutes reviewed include discussion about the key components of the quality programme. Resident and relative meetings are held monthly and issues raised are seen to have been followed through.</p> <p>Policy review is coordinated by Bupa head office. A policy and procedure review committee meets monthly to discuss the policies identified for the next two policy rollouts. Facility staff have the opportunity to provide feedback during the review process. Policy documents have been developed in line with current best and/or evidenced based practice. Facilities have a master copy of all policies and procedures and the related clinical forms. Facility staff are informed of changes/updates to policy at the various staff meetings. A number of core clinical practices also have education packages for staff which are based on policies.</p> <p>The quality programme includes an annual internal audit schedule that was being implemented at Lake Wakatipu. Audit summaries and corrective action plans (CAPs) are completed where a noncompliance is identified. Issues and outcomes are reported to the appropriate committee e.g. quality, health and safety. CAPs are seen to have been implemented and closed out.</p> <p>Monthly clinical indicator data is collated across the facility monitoring rest home and hospital services. There is evidence of trending of clinical data, and development of CAPs when volumes exceed targets e.g. skin tears and falls. There are falls prevention strategies in place that include, hi/lo beds, ongoing falls assessment and exercises by the physiotherapist, and sensor mats. Interview with staff confirmed an understanding of the quality programme.</p> <p>Bupa has an organisational total quality management plan and a policy outlining the purpose, values and goals. Facilities are required to set quality objectives annually. Lake Wakatipu was focusing on four quality goals for the 2014 year. Progress throughout the year documented</p>

		<p>shows improvement in all four goals. Variable results had been achieved against this objective. The CAP process is used to plan and evaluate progress towards specific objectives. Lake Wakatipu has confirmed goals for 2015 year including continuing with reducing medication incidents, continuing with reducing falls, continuing with meaningful activities and a new goal of ensuring meals provided are appropriate for individual needs. Quality Action Forms (QAF) are implemented in response to a facility quality initiative. There were a number of examples at Lake Wakatipu including falls prevention and moving and transfer of residents. There is a health and safety, and risk management programme being implemented at Lake Wakatipu. The health and safety committee meet monthly (part of the quality meeting) and minutes reviewed included discussion of incidents/accidents. There is a safety representative who has attended training. There is a current hazard register.</p> <p>Interview with staff demonstrated an understanding of the quality management programme.</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>Lake Wakatipu collects incident and accident data on the prescribed form. Forms reviewed had been completed comprehensively, reviewed by the clinical manager (or delegate) and signed off. Monthly analysis of incidents by type is undertaken by the service and reported to the various staff meetings. Data is linked to the organisation's benchmarking programme and used for comparative purposes. CAPs were created when the number of incidents exceeded the benchmark – e.g. falls, skin tears. CAPs were seen to have been actioned and closed out. Senior management are aware of the requirement to notify relevant authorities in relation to essential notifications.</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 organisational policies to guide recruitment practices and documented job descriptions for all positions. There are also job descriptions for the infection control coordinator, restraint coordinator, and health and safety officer. Appropriate recruitment documentation was seen in the seven staff files reviewed (two caregivers who work across the service areas, one cook, one registered nurse who is the infection control officer, one other registered nurse, one activities coordinator and the clinical manager who is the restraint officer). A register of practising certificates was maintained. Performance</p>



		<p>appraisals were current in all files reviewed. Interview with the management team (care home manager, clinical manager) inform a relatively stable workforce at the time of audit. Interview with three caregivers and two registered nurses inform management are supportive and responsive.</p> <p>There is an annual training plan that was being implemented and in addition 'tool box' sessions were seen to have been provided opportunistically. Bupa ensures registered nurses (RN) are supported to maintain their professional competency. There is an RN/EN training day provided through Bupa that covers clinical aspects of care - e.g. wound management. External education is available via the DHB. A competency programme is in place with different requirements according to work type (e.g. support work, registered nurse, cleaner). Core competencies had been completed annually and a record of completion maintained.</p> <p>There is a comprehensive orientation programme being implemented with completion of prescribed modules being completed by new employees. Completion of requirements is monitored. Interview with staff informed the orientation programme meets the requirements of the service.</p> <p>The clinical structure in the facility includes a care home manager (practising registered nurse), clinical manager, registered nurses in the rest home/hospital areas and a team of care staff.</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>There is an organisational staffing policy that aligns with contractual requirements. The WAS (Wage Analysis Schedule) is based on the Safe indicators for Aged Care and the roster is determined using this as a guide. A report is provided fortnightly from head office that includes hours and whether hours are over and above.</p> <p>There is a registered nurse and first aid trained member of staff on every shift. Interviews with three caregivers (one caregiver is an enrolled nurse) inform the registered/enrolled nurses are supportive and approachable. Staff interviewed informed there are sufficient staff on duty at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24</p>

<p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>hours of entry into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files were protected from unauthorised access by being held in locked cupboards. Care plans and notes were legible and where necessary signed (and dated) by a registered nurse. Entries are legible, dated and signed by the relevant care assistant or registered nurse including designation. Individual resident files demonstrate service integration. There is an allied health section that contained general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident.</p>
<p>Standard 1.3.1: Entry To Services 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>There are policies and procedures to safely guide service provision and entry to services. Information gathered at admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/whanau at entry. The admission agreement reviewed aligns with a) -k) of the ARC contract. Six of six admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The policy describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made.</p>
<p>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.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. There is a medication room and all medications are securely and appropriately stored. Registered nurses administer medications and are assessed as competent to do so. Medication competencies are updated annually and include syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. The service uses pre filled medication packs. Medication charts have a photo ID. There is a signed agreement with the pharmacy. Medications are checked on arrival (sighted) and any</p>

		<p>pharmacy errors recorded and fed back to the supplying pharmacy. Staff sign for the administration of medications on medication sheets and this was documented and up to date in all 12 medication signing sheets reviewed. The medication folders include a list of specimen signatures and competencies.</p> <p>Medication profiles reviewed were legible, up to date and reviewed at least three monthly by the GP. All 12 medication charts reviewed have as required medications prescribed with an individualised indication for use. The medication fridge has temperatures recorded daily and these are within acceptable ranges.</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>There is a well equipped kitchen and all meals are cooked onsite. There is dining room for rest home and hospital residents next to the kitchen. On the day audit meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge, food and freezer temperatures were monitored and documented daily and daily in other areas, these were within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. The cook interviewed confirmed that changes to dietary needs are feedback to the kitchen in a timely manner. Nutritional needs are evaluated six monthly as part of the care plan review. Special diets were noted on the kitchen notice board which is able to be viewed only by kitchen staff. The national menus have been audited and approved by an external dietitian. Residents and families interviews expressed satisfaction with meals provided.</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 service records the reason for declining service entry and communicates this to residents/family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Low	<p>Bupa assessment booklets and care plan templates were comprehensively completed in five of six resident files reviewed. The assessment booklet provides in-depth assessment across all domains of care. Additional risk assessment tools include behaviour, restraint and</p>

		wound assessments is added when needed. Risk assessments are completed on admission and reviewed six monthly as part of the care plan review. Additional assessments for management of behaviour, wound care and restraint were appropriately completed according to need. Five long term files reviewed included formal assessments and risk assessments were in place and reflected into care plans. One rest home (respite care) resident has no assessments to support falls risk and incontinence.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate	Four of the six resident care plans reviewed were resident-centred and documented support needs required.  Family members interviewed confirm care delivery and support by staff is consistent with their expectations. Short term care plans were in use for changes in health status and were evaluated on a regular basis as resident needs change. There was evidence of service integration with documented input from a range of specialist care professionals.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Six resident care plans were reviewed. Overall care plan documentation meets the resident needs (link 1.3.5.2); care plans had been updated as the resident needs changes. Interview with one GP evidenced that care provided is of a high standard and GPs are kept informed. Relatives confirmed that the clinical care is good and that they are involved in the care planning. Caregivers and RNs interviewed state there is adequate equipment available including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place for six residents. There are no recorded pressure wounds. All have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as needed. Care plans document allied health input. Formal monitoring as identified in the care plans has not occurred regularly as planned (# link 1.3.5.2).
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	There is an activities coordinator who works 30 hours per week. The activities coordinator provides activities in the hospital and rest home and plans activities with support of an occupational therapist employed by Bupa. The activities coordinator has been in the position for three months. On the day of the audit, residents in all areas were observed being actively involved with a variety of activities. The programme is

		developed monthly and displayed in large print. Residents have a complete assessment completed over the first few weeks after admission obtaining a complete history of past and present interests, career, family etc. Resident files reviewed identified that the individual activity plan is reviewed at least six monthly. Residents interviewed confirmed activities are voluntary and individual activities are also provided.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Five of six care plans reviewed had been evaluated by the registered nurse six monthly. One resident had not been at the service long enough for a review. Short term care plans for short term needs were evaluated and either resolved or added to the long term care plan as an on-going problem. Multidisciplinary reviews have occurred at least six monthly and involved the RN, GP, activities staff and resident/family. Three monthly reviews by the medical practitioner have been documented. The family members interviewed confirmed they are invited to attend the multidisciplinary reviews and GP visits.
<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>	FA	Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed and the resident was reassessed for a higher level of care from rest home to hospital level of care. Discussion with the clinical manager identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services. A nurse specialist is available for advice.
<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>	FA	There are comprehensive and up to date policies that include chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas in all services. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. A hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and

		goggles are available to staff.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness which expires on 1st July 2015. Fire equipment is checked by an external provider. 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 has been monitored monthly in resident areas and was within the acceptable range. The living areas and bedrooms have a mix of carpet and vinyl surfaces. Bathrooms/toilets and kitchen areas are covered in vinyl. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade. There is wheelchair access to all areas. The facility has a van available for transportation of residents. Staff transporting residents holds a current first aid certificate and van hoist competency.</p> <p>In the facility, residents are able to bring in their own possessions and are able to adorn their room as desired. There is outside areas that include shade around the facility.</p> <p>ARC D15.3; The following equipment is available, pressure relieving mattresses, shower chairs, hoists, heel protectors, lifting belts.</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 privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All rooms are single rooms. Six resident rooms have shared ensuites. There are three communal showers, one bathroom and six communal toilets throughout the facility. Resident rooms have hand basins. Fixture, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal toilets and bathrooms have appropriate signage and locks on the doors.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The rooms are spacious it can be demonstrated that wheel chairs, hoists and the like can be manoeuvred around the bed and personal space.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	FA	<p>There are three lounges and a dining room. Activities can occur in any of the lounges and they are all large enough to not impact on other residents not involved in activities. Seating and space is arranged to</p>

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		allow both individual and group activities to occur.
<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	The majority of laundry is undertaken offsite. In the facility, there is a small, well organised laundry for personal clothing. The laundry is divided into a “dirty” and “clean” area and staff could describe how this is managed. There is a comprehensive laundry manual; cleaning and laundry services are monitored throughout the internal auditing system and the resident satisfaction surveys. The cleaners trolleys were attended at all time or locked away in the cleaning room as sighted on the day of the audit. There is a sluice room for the disposal of soiled water or waste.
<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	Emergency and disaster plans are in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. The facility has an approved fire evacuation plan and fire drills occur six monthly. Smoke alarms, sprinkler system and exit signs were in place. Emergency energy sources are available and shared with the local DHB. There is a civil defence kit in the facility and stored water in a separate tank shared with the local DHB. Call bells are evident in resident’s rooms, lounge areas, and toilets/bathrooms. The facility is secured at night.
<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	The facility is light and airy. There are adequate heating sources in the bedrooms and main areas. Smoking is only allowed outside away from residents' rooms and communal areas in a designated outdoor area.
<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 is appropriate for the size and complexity of the service. The scope of the infection control programme policy and infection control programme description are available. There is a job description for the infection control (IC) coordinator and clearly defined guidelines. The infection control programme is linked into the quality management programme. The infection control report is part of the monthly quality meetings The IC programme is reviewed annually at head office. The facility has developed links with the GP’s, local

		Laboratory, the infection control and public health departments at the local DHB. Bupa have a regional infection control group (RIC) for the three regions in NZ (minutes sighted).
<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	Infection control is part of the quality committee which is made up of a cross section of staff from all areas of the service including; (but not limited to) the care home manager, the clinical manager, an RN (IPC), and other staff. The facility also has access to an infection control nurse specialist, public health, GP's and expertise within the organisation.
<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 and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. There is also a 'scope' of the infection control programme, standards for infection control, infection control prep, responsibilities and job descriptions, waste disposal, and notification of diseases. Infection control procedures developed and contained in the kitchen, laundry and the housekeeping manuals incorporate the principles of infection control. These principles are documented in the service policies contained within the infection control manual. External expertise can be accessed as required, to assist in the development of policies and procedures.
<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	The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator (registered nurse) has been in the role for two years. The registered nurse is suitably skilled to manage infection matters and has attended training 2014 and 2015 through Bupa and external training. The orientation package includes specific training around hand washing and standard precautions and there is scheduled infection control training as part of the annual education schedule. Tool box sessions are also used opportunistically to maintain staff knowledge. Resident education is expected to occur as part of providing daily cares. Support plans can include ways to assist staff in ensuring this occurs.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed</p>	FA	The surveillance policy describes the purpose and methodology for the surveillance of infections. The IC coordinator uses the information obtained through surveillance to determine infection control activities,



<p>objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>resources, and education needs within the facility. Individual infection report forms are completed for all infections. This is kept as part of the resident files. Infections are included on a monthly register and a monthly report is completed by the IC coordinator. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality meetings.</p> <p>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 results are subsequently included in the manager's report on quality indicators. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP's that advise and provide feedback /information to the service. Systems in place are appropriate to the size and complexity of the facility. The service effectively managed an outbreak in June 2014 and relevant authorities were appropriately notified.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a regional restraint group at an organisation level that reviews restraint practices and also monthly restraint meetings at the facility where all residents using restraint or enablers are reviewed. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint policy includes comprehensive restraint procedures. There were three residents with restraint in the hospital, all of which were bedrails. All of these residents have a documented three monthly review of the restraint in use. There were no residents using enablers. The restraint standards are being implemented and implementation is reviewed through internal audits, facility restraint meetings, and regional restraint meetings and at an organisational level.</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</p>	<p>FA</p>	<p>Only RNs that that have completed a restraint competency assessment are permitted to apply restraints. All staff restraint competency assessments have been completed.</p> <p>Interview with the restraint coordinator (clinical manager) and review of his signed job description identifies understanding of the role. The</p>

and others.		<p>clinical manager has been in the role since February 2015 and will co-ordinate education and competency assessments for staff. All staff in the facility have to pass restraint competency annually.</p> <p>Restraint is used for the minimum time and this is evidenced on monitoring forms. As soon as a resident is settled the restraint is removed. Bedrails are monitored two hourly.</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>Assessments are undertaken by the registered nurses in partnership with the resident and their family/whanau.</p> <p>Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. There is a restraint assessment tool available, which is completed for residents requiring an approved restraint for safety.</p> <p>On-going consultation with the resident and family/whanau is also identified. Falls risk assessments are completed six monthly. Assessments are completed as required and to the level of detail required for the individual residents.. Three restraint files were reviewed. All three files included a completed assessment that considered those items listed in 2.2.2.1 (a) - (h).</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. Monitoring and observation is included in the restraint policy. There are approved restraints documented in the policy (bed rails and lap belts).</p> <p>The restraint coordinator is responsible for ensuring all restraint documentation is completed. The approval process includes ensuring the environment is appropriate and safe.</p> <p>Restraint authorisation is in consultation/partnership with the consumer (as appropriate) or whanau and the facility restraint coordinator. Restraint use is reviewed monthly during the facility restraint meetings and also as part of the three-monthly restraint reviews and six monthly multi-disciplinary meetings and include family/whanau input. Any restraint incidents/adverse events are discussed at this meeting and corrective actions are initiated.</p> <p>The restraint coordinator reports that each episode of restraint is</p>

		<p>monitored at pre-determined intervals depending on individual risk to that resident. This monitoring is documented and the use of restraint evaluated. This identifies the frequency of monitoring and is being implemented.</p> <p>The resident file refers to specific interventions or strategies to try (as appropriate) before use of restraint. The care plans reviewed of residents with restraint identified observations and monitoring as per their monitoring schedules; however one residents care plan did not clearly indicate interventions were restraint (# link 1.3.5.2).</p> <p>A restraint register is in place providing an auditable record of restraint use.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the on-going reassessment for the resident on the restraint register, and as part of the care plan review. Families are included as part of this review. A review of files of the residents using a bedrail identified that the evaluations are up-to-date and have reviewed (but not limited to); whether the desired outcome was achieved, whether the restraint was the least restrictive option and the impact of the use of restraint. Restraint is evaluated on a formal basis monthly at the facility and six monthly by the regional restraint team.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Restraint usage throughout the Bupa organisation is monitored regularly. The review of restraint use across the Bupa facilities is discussed at the regional restraint approval group meetings.</p> <p>The organisation and facility are proactive in minimising restraint. A comprehensive restraint education and training programme is in place, which includes restraint competencies.</p> <p>Monitoring of bed rails two hourly. Monitoring forms were reviewed and are fully completed. Information on restraint and monitoring forms for current restraint are on bulletin boards, this is read out and discussed at every shift handover. RNs at the service are the only staff permitted to apply restraint.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>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.</p>	PA Low	<p>All initial care plans and initial assessments viewed were completed on the day of admission. Three of three long term plans (three hospital level) were completed within three weeks of the admission date. Two long term care plans (rest home) viewed were not completed within three weeks of admission. The other resident was on respite care and has been in the facility less than three weeks. A GP reviewed all the resident within 48 hours of the admission and at least three monthly or more often as needed. The RN interviewed explained schedules for each stage of service provision.</p>	<p>Two long term care plans were not completed within three weeks of admission.</p>	<p>Ensure that long term care plans are completed within three weeks of the date of admission.</p> <p>90 days</p>
<p>Criterion 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented</p>	PA Low	<p>Three hospital level and two rest home files reviewed comprehensive assessments are completed to support the long term care plan. The assessments are completed to support the initial care plan and the long term care plan. Assessments reflect the needs of the resident and</p>	<p>One respite resident had no assessment completed for falls risk and incontinence needs.</p>	<p>Ensure that assessment tools are completed to support the needs of the resident.</p>

to serve as the basis for service delivery planning.		updated at least six monthly or less to support current health changes.		90 days
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA Moderate</p>	<p>Four of the six resident lifestyle care plans were resident centred and documented an in-depth knowledge of resident care and support needs. However, one rest home resident's interventions were not detailed enough to guide staff around weight loss management. The nutritional recordings (food intake chart) were not consistently completed throughout all shifts. The care plan for one hospital resident had no interventions to guide staff in the management of challenging behaviour; however, a behaviour chart was completed for earlier episodes of similar behaviour and the behaviour was recognised in the care planning. The same resident blood glucose monitoring had not been completed three times a day as stated in the care plan. Restraint (bedrails) for one resident was not identified in the long term care plan; however, the restraint assessment, interventions and monitoring process occurred as per policy.</p>	<p>i) One hospital resident with challenging behaviour had no interventions to support staff .The same resident glucose monitoring and food and fluid chart were not completed as planned;</p> <p>ii) One rest home resident's management of weight loss was not detailed enough to guide and support staff. The same resident's food and fluid chart was not completed as planned; and</p> <p>iii) The restraint (bedrails) for one resident was not documented in the care plan.</p>	<p>i) Ensure interventions are documented to support staff;</p> <p>ii) Ensure monitoring occurs as identified in the care plan; and</p> <p>iii) Ensure restraint is documented in the care plan.</p> <p>60 days</p>

## 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.