

Bupa Care Services NZ Limited - Remuera Care Home

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Remuera Care Home

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

Dates of audit: Start date: 5 June 2015 End date: 5 June 2015

Proposed changes to current services (if any): Bupa is currently completing stage two of their renovations. A downstairs wing (existing rest home level service) of 10 serviced apartment rooms are being reconfigured into 12 hospital (dual purpose) rooms.

Total beds occupied across all premises included in the audit on the first day of the audit: 34

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Remuera Care Home is owned and operated by Bupa Care Services NZ. There is an overall Bupa business plan and risk management plan in place and an annual quality plan in place for Remuera Care Home which includes specific quality goals.

The service currently provides rest home and hospital level care for up to 41 residents. Occupancy on the day was 31 rest home (private) and three hospital level. Stage one of building renovations was completed January 2015 and one wing of nine resident rooms was certified to provide rest home or hospital level care (dual purpose).

This partial provisional audit was completed to verify the appropriateness of a further downstairs wing (10 rooms) to provide hospital (or rest home level care). Currently six have been fully renovated, two are in the process of being completed and a further two serviced apartments are awaiting resource consent to be altered into four resident rooms with shared ensuite between two rooms each. At the completion of the renovations there will be a total of 43 beds (22 rest home specific (upstairs) and 21 hospital (dual purpose) downstairs.

The service is managed by the facility/village manager who is a registered nurse (RN). The manager is supported by a clinical manager and registered nurses across 24 hours a day.

This audit identified improvements required around the admission agreement, medication documentation and the completion of the building renovations.

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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Not required to be audited.

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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Remuera Care Home and Village is governed and managed by the Bupa Group. The facility/village manager and the clinical manager are both registered nurses with practising certificates. They relieve each other during absences. They are supported by the operations manager.

Bupa has comprehensive human resources policies in place, which include recruitment, selection, orientation and staff training and development. There is a comprehensive orientation programme in place which is developed specifically according to type of worker. There is a system in place to ensure staff can provide competent care. There is an annual education schedule in place and opportunistic education occurs. There is a registered nurses (RN) training day provided through Bupa that covers clinical aspects of care. A draft staffing roster has been developed for the increase in hospital residents. Advised they have adequate registered nurse and caregiving staff to manage an increase in hospital (dual purpose rooms)

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Medication policies and procedures align with current guidelines and legislation. Medicines will continue to be administered by registered nurses and caregivers who have been pre-assessed as competent.

The kitchen is operational; meals are cooked according to the Bupa nationwide dietitian approved menu plan. All residents' nutritional needs are identified. A range of dietary needs are currently being met.

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.		Some standards applicable to this service partially attained and of low risk.
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There is a current building warrant of fitness and an approved evacuation plan in place. Fire safety training and fire evacuation practise occurs at induction and as part of the annual in-service programme. There is an established call bell system in place. A range of equipment is in place which includes hoists (i.e. standing and full body hoists); pressure relieving mattresses, shower chairs, lifting aids, walking frames, and wheelchairs.

The physical environment minimises harm to residents. There is an established reactive and preventative maintenance system in place. The lounge and dining area is large enough for hospital residents. Ensuite have been refurbished in the dual purpose rooms to be large enough for mobility equipment.

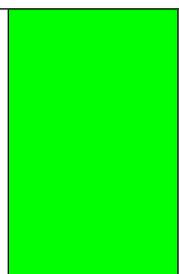
Currently all laundry is done on site and there are dedicated laundry and cleaning staff. Chemicals are stored in a locked room. All chemicals are labelled with manufacturer's labels. The facility has wall mounted electric thermostatically controlled heaters throughout. Rooms are well ventilated and light. The external areas are well maintained. There is garden furniture and plenty of shade. There is wheelchair access to all areas. There is no change to the external environment

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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Not required to be audited.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme is appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control manual outlines a comprehensive range of policies. The clinical manager, who is a registered nurse, fulfils the role of infection prevention and control co-ordinator. He is responsible for coordinating the programme and is supported by the facility/village manager and the Bupa quality and risk team.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	12	0	2	1	0	0
Criteria	0	31	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Remuera Care Home is owned and operated by Bupa Care Services NZ (Bupa). There is an overall Bupa business plan and risk management plan in place and an annual quality plan in place for Remuera Care Home which includes specific quality goals.</p> <p>The service currently provides rest home and hospital level care for up to 41 residents. Occupancy on the day was 31 rest home (private) and three hospital level. Stage one of building renovations was completed January 2015 and one wing of nine resident rooms were certified to provide rest home or hospital level care (dual purpose).</p> <p>This partial provisional audit was completed to verify the appropriateness of a further downstairs wing (10 rooms) to provide hospital (or rest home level care). Currently six have been fully renovated, two are in the process of being completed and a further two serviced apartments are awaiting resource consent to be altered into four resident rooms with shared ensuite between two rooms each. At the completion of the renovations there will be a total of 43 beds (22 rest home specific (upstairs) and 21 hospital (dual purpose) downstairs).</p> <p>The service is managed by the facility/village manager who is a registered nurse</p>

		<p>(RN). She has been in the role since January 2014. She has been in working in aged care since 2002 and with Bupa for over two years. Prior to this appointment was employed as a facility manager in another Bupa facility and her appointment was an internal transfer. She is supported by a clinical manager who has been employed by Bupa for over three years. Support is also provided by the operations manager who visits the facility at least once a month. Both managers attend annual organisational forums and regional forums six monthly.</p> <p>Bupa has a robust quality and risk management system in place which is standardised and implemented across its facilities. The system is monitored closely by head office staff. The service has policies and procedures and associated implementation systems to provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>Bupa Remuera have developed three quality goals for 2015 that include; (i) to improve the environment within the facility over the next 12 months; (ii) to improve the skills of the caregivers by encouraging them to complete Careerforce courses in 2015; and (iii) To reduce the number of falls within the facility by 20% in 2015. Progress to meeting each goal is reported and documented quarterly.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are a range of human resource policies which are implemented at Remuera covering recruitment, appointment, orientation, education, performance management, and exit management. There is a process of reference checking, checking of qualifications, Police record checking, checking to ensure health practitioners maintain current practising certificates.</p> <p>Four registered nurses have been appointed since commencing hospital level care. Three RN staff files were reviewed (recently employed) and all had completed orientations and competencies.</p> <p>Mandatory training and site specific education is provided. There is a training programme in place for the 2015 calendar year. Education provided YTD included specific clinical care including (but not limited) wound management, skin integrity, medication management and fluid/hydration. Opportunistic education is provided by way of tool box talks. There is a registered nurse training day provided through Bupa that covers clinical aspects of care (e.g., wound management and catheterisation). External education can be accessed through</p>

		<p>the DHB if required. Details of training sessions are retained and logs of training for individual staff are maintained. The Bupa PDRP system for recognition of professional development is in the process of being commenced with the RNs at Remuera.</p> <p>RN competencies include (but are not limited to): assessment tools, blood sugar level testing and Insulin admin, medicine management including controlled drug administration, moving and handling, nebuliser management, oxygen administration, restraint management, wound management and the use of syringe drivers. Registered nurse competencies are overseen by the clinical manager. A review of the competency register identified that these were up to date.</p> <p>There is an on-going programme of staff development. Caregivers are supported to complete Careerforce Training. Four caregivers have completed core competencies and a further four are enrolled. Nine caregivers have completed the dementia standards and a further three have been enrolled.</p> <p>Education is an agenda item of the monthly quality meetings</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a staffing rationale policy that is sufficiently detailed to ensure that there is appropriate staff to safely meet the needs of consumers. There is a current and proposed draft roster for the increase in hospital level residents that provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The proposed roster and skill mix for the nine hospital beds will be as follows:</p> <p>There is a registered nurse rostered each shift, plus the facility manager (RN) and clinical manager (RN) on mornings.</p> <p>The activities hours have increased to 40 hours.</p> <p>Caregivers and caregiving hours are planned to increase as care levels increase.</p> <p>A contracted house GP has commenced since previous audit and currently 18 residents are under that GP with the remaining residents retaining their own GPs.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a</p>	<p>PA Low</p>	<p>The service is aware that the admission agreement needed to be changed for hospital residents to reflect ARC obligations when the facility entered into an</p>

<p>competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>agreement with Auckland DHB. However this has not occurred for the current three hospital residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There is an established medicine management system in place. There is one medicine room and one medicine trolley on the ground floor which will be used for hospital residents. RNs or senior caregivers (all of whom have been previously assessed as competent) will administer medicines. The current medicine management system will not change with the increase in hospital residents.</p> <p>There are policies and procedures in place to guide staff on medicines management. All medicines are charted by the residents' GP. The facility has a contract in place for medicine supply with a local pharmacy. Tablets are packaged using the robotics system.</p> <p>There is currently one resident self-administering medicines and an assessment is in place. Standing orders are current and signed by GPs.</p> <p>There are documented systems to ensure medication is appropriately managed and stored. A medication management audit last completed Feb 2015 (99.3%). Medicines no longer required are quarantined and returned to the pharmacist. Medicine reconciliation occurs when residents are admitted with medicines. All medicines received in the facility are checked on arrival.</p> <p>Ten medicine charts were reviewed and documentation shortfalls were identified.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The facility employs two cooks and three kitchen hands. Summer and winter menus are organised on a six weekly cycle and are used on a weekly rotational basis and the menus are available on the intranet. The national menus have been audited and approved by an external dietitian.</p> <p>Kitchen fridge, food and freezer temperatures are monitored and documented daily and daily in other areas. The food service is included in the internal audit programme (last audit conducted 5 May 2015 which showed 90% compliance).</p> <p>Each resident has a nutritional profile developed on admission which identifies their dietary requirements and their likes and dislikes. This information is provided to the kitchen staff and reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen.</p>

		<p>Special diets can be catered for as needed.</p> <p>Residents complete the annual satisfaction survey which includes reference to the food service. The food service is discussed at resident meetings and comments from these meetings and individual resident feedback are discussed at staff meetings. The cooks have been trained in safe food handling.</p> <p>Residents are provided with adequate and nutritious meals, refreshments and snacks at times that reflect community norms, take account of likes and dislikes, and meets the nutritional requirements of older persons. .</p> <p>The dining room can cater for an increase of hospital residents.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Waste management policies and procedures are in place. Management of waste and hazardous substances is covered during orientation for new staff and additional refresher education around chemical safety is provided as part of the on-going education plan. All chemicals are clearly labelled with manufacturers labels. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance. Gloves, aprons, and goggles are available for staff. Infection prevention control policies state specific tasks and duties for which protective equipment is to be worn</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>There is a current building warrant of fitness which expires 25 June 2015. The zip (potential hazard) has been included in the hazard register and the nurses' station is now locked, these are improvements since previous audit. There is a maintenance person that works 25 hours a week. Preventative and reactive maintenance is maintained. Hot water temperatures are monitored.</p> <p>Of the 12 rooms being assessed as suitable for hospital or rest home level care, refurbishment has been completed for six of the rooms, two are in the process and two are awaiting resource consent (to be converted into four rooms with a shared ensuite between two).</p> <p>The external areas are well maintained. There is garden furniture and plenty of shade. There is wheelchair access to all areas. There is no change to the external environment.</p>

		The following equipment is available, hoists (i.e., standing and full body hoists), pressure relieving mattresses, shower chairs, lifting aids, walking frames, wheelchairs. Further equipment has been obtained with the increase in hospital beds. Transport is available for residents' use. There is a 12 seated van located permanently on site.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	The designs of the ensuite in the wing that will accommodate the 12 hospital level (or rest home) residents has been altered so that they can physically accommodate a hoist and wheelchair. Eight rooms have an ensuite toilet and shower. Two rooms are being divided into four rooms with shared ensuite (link 1.4.2.1). There is also a communal mobility toilets off the lounge.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Resident rooms are really spacious and all can easily accommodate wheelchairs and hoists in the personal space/bed areas. Equipment can be manoeuvred around the beds and personal space.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a large open plan lounge and dining room that will be accessed by the two hospital wings. There is enough space to accommodate an increase in hospital residents. Activities occur throughout the facility in both the upstairs and downstairs lounges. Residents are able to move freely and furniture is well arranged to facilitate this. There is a lift to enable residents to move between the two floors.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are policies in place for cleaning and a cleaning schedule is in use. Currently all laundry is done on site and there are dedicated laundry and cleaning staff. Laundry is soon to be transferred to Sunset Home and Hospital for laundering. The laundry and cleaning service is included in the internal audit programme. The laundry was last audited January 2015 (99%) and the cleaning service was audited March 2015 (87.5%). Corrective actions were identified and implemented. The laundry and cleaning room are designated areas and clearly labelled. Chemicals are stored in a locked room. All chemicals are labelled with manufacturer's labels

<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>	<p>FA</p>	<p>There is an approved evacuation plan dated 13 June 2003. The evacuation plan does not require amendment. Staff training in fire safety/evacuation last occurred January 2015. Newly employed staff have been orientated around the evacuation scheme.</p> <p>There is an established call bell system in place that does not require alteration. The call bell system is wireless. It is available in all areas and there are indicator panels in each area. The system is able to be increased as needed across the facility. Residents have easy access to the call bells and calls bells can be utilised as pendants and wristbands for those who need this approach.</p> <p>Appropriate training, information, and equipment for responding to emergencies is provided. There is a comprehensive civil defence manual and emergency procedure manual in place. The civil defence kit is readily accessible in a storage cupboard this includes and up to date register of all residents' details. The facility is well prepared for civil emergencies and has emergency lighting and BBQ's and access to a generator as needed. A store of emergency water is kept. There is a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are also available. The facility has civil defence kits. At least three days stock of other products such as incontinence products and PPE are kept. There is a store cupboard of supplies necessary to manage a pandemic.</p> <p>There is a system in place to ensure residents and staff security.</p>
<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>	<p>FA</p>	<p>The facility has wall mounted electric thermostatically controlled heaters throughout. Rooms are well ventilated and light. All rooms have a sliding door onto the external areas. Facility temperatures are monitored. There is plenty of natural light in residents' rooms.</p>
<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</p>	<p>FA</p>	<p>The infection prevention and control programme is overseen by Bupa head office and reviewed annually. The infection prevention and control coordinator at the facility is the clinical manager who is experienced in infection prevention and control. The infection prevention and control coordinator implements the programme and uses the information obtained through surveillance activities to</p>

<p>the service.</p>		<p>determine further infection control activities, resources, and education needs within the facility. Infection prevention and control data are collated monthly and reported at the quality, and infection prevention and control meetings. The infection control programme is linked with the quality management programme. The results are subsequently included in the report on quality indicators returned to the facility by head office. Education on infection prevention and control occurs. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the visiting general practitioners who will advise and provide feedback /information to the service as needed. Systems in place are appropriate to the size and complexity of the facility. The facility has not had an outbreak in the period between audits.</p>
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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 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	PA Low	<p>The service has admission agreements for private and subsidised residents. For those residents assessed as hospital level, the admission agreement has not been updated The manager stated that the service is meeting the requirements of the ARC agreement for subsidised residents and will ensure the updated agreements are provided and signed by residents asap.</p>	<p>For those residents assessed as hospital level, the admission agreement has not been updated from private paying.</p>	<p>ARC D13.3: Ensure hospital (or subsidised residents) have an admission agreement that reflects services provided.</p> <p>60 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration,</p>	PA Moderate	<p>The registered nurse interviewed could describe the process of medication management. Ten medicine charts were reviewed, included photos and allergies. Documentation shortfalls were identified. The clinical manager</p>	<p>(i) Three medication charts included transcribing of medications on signing sheets; (ii) All ten medication charts included 'PRN' medications charted. These did not include reasons for giving (Prior to this audit, the clinical</p>	<p>Ensure medication documentation reflects required legislation and guidelines</p>

<p>review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>stated they were aware of the issues with PRN medication and were currently chasing up GPs to ensure they chart the reason for giving.</p>	<p>manager and RN's had identified those residents charts that had PRNs prescribed without indications documented. A log of these were sitting in the front of the drug chart identifying all the residents effected as a reminder to the RNs to ensure the GPs for those residents amended this at their next visit); (iii) One PRN CD signing sheet was completed and signed by two staff, but times of administration could not be followed due to the small boxes; (iv) one resident had oxynorm tabs charted but was receiving morphine elixir. Advised that a telephone order had been received, but there was no documentation to reflect this and the drug chart had not been updated by the GP.</p>	<p>30 days</p>
<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>There is a current building warrant of fitness which expires 25 June 2015</p>	<p>Of the 12 rooms being assessed as suitable for hospital or rest home level care, refurbishment has been completed for six of the rooms, two are in the process and two are awaiting resource consent (to be converted into four rooms with a shared ensuite between two).</p>	<p>Ensure a code of compliance has been obtained for the two rooms that are to be converted into four rooms prior to occupancy of those rooms</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.