# Bupa Care Services NZ Limited - Ballarat Care Home

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

The specifics of this audit included:

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

**Premises audited:** Ballarat Care Home

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

**Dates of audit:** Start date: 20 April 2015 End date: 21 April 2015

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 56

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Bupa Ballarat Care Home is part of the Bupa group. The facility was purpose built by the Bupa group and opened in July 2014. The service is certified to provide rest home, hospital and dementia level care for up to 80 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 Bupa Ballarat has been in post since the facility opened and has been with Bupa as a care home manager for eight years. The care home manger is supported by a clinical manager also been in the post since opening. There were established systems being implemented that are structured to provide appropriate quality care for residents. An orientation and in-service training programme has been implemented that provides staff with appropriate knowledge and skills to deliver care.

There are improvements required around aspects of human resources including service provider availability, aspects of care planning and the activity programme for the dementia unit.

## 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. |

Bupa Ballarat Care Home 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

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| --- | --- | --- |
| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Some standards applicable to this service partially attained and of low risk. |

Bupa Ballarat Care Home 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. 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, and psychogeriatric/mental health services. Ballarat Care Home is benchmarked in three of these (rest home, hospital and dementia). 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

|  |  |  |
| --- | --- | --- |
| 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. |

The registered nurses are responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident/family/whanau. The sample of residents' records reviewed provide evidence that the provider has systems to assess, plan and evaluate care needs of the residents. Care plans are developed and demonstrate service integration. Resident files include notes by the GP and allied health professionals. The activity programme is varied and appropriate to the level of abilities of the residents. Medications are managed, stored, and administered with supporting documentation. Medication training and competencies are completed by all staff responsible for administering medicines. Food is prepared on site with individual food preferences, dislikes and dietary requirements assessed by the registered nurses and a dietitian.

## 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. |

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building has a code of compliance. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are spacious and personalised with access to ensuites or shared facilities

## 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. |

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 service has no residents with restraint or using enablers. The facility remains restraint free. Review of restraint use across the group is discussed at regional restraint approval groups and at the facility in quality meetings. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

## Infection prevention and control

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| --- | --- | --- |
| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

The infection control 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 (clinical 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)** |
| **Standards** | 0 | 39 | 0 | 4 | 2 | 0 | 0 |
| **Criteria** | 0 | 86 | 0 | 5 | 2 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

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

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Bupa policies and procedures are 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 four caregivers, one cook, one cleaner, one maintenance and one activities assistance demonstrate an understanding of the Code. Nine residents interviewed (six rest home and three hospital) and seven relatives (three rest home, two hospital and two dementia) confirm staff respect privacy, and support residents in making choice where able. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent and advanced directives were recorded as evidenced in the eight resident files reviewed (three rest home, three hospital and two dementia). Advised by staff that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Resident admission agreements were signed. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | 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 nine residents confirmed that they are aware of their right to access advocacy. Interview with seven family members confirmed that the service provides opportunities for the family/EPOA to be involved in decisions. In the eight files reviewed there was information on residents’ family/whanau and chosen social networks. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | The activities policy encourages links with the community. This was seen to be implemented at Bupa Ballarat Care Home 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. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | There is a complaints procedure to guide practice. The care home manager has overall responsibility for managing the complaints process at Bupa Ballarat. 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 one of which has been resolved with CDHB involvement and a corrective action plan developed. There have been six complaints to date in 2015. All documentation and action with resolution is 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 nine residents and seven relatives confirmed they were provided with information on the complaint process. Complaint forms were visible for residents/relatives in various places around the facility.  There is written information on the service - philosophy and practice for dementia care - particular to the dementia unit included in the information pack including (but not limited to): a) the need for a safe environment for self and others; b) how behaviours different from other residents are managed and c) specifically designed and flexible programmes, with emphasis on minimising restraint, behaviour management, and complaint policy. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | 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 three monthly resident meetings also provide the opportunity to raise issues/concerns (minutes sighted). The service had its first separate relatives meeting in April 2015. Residents and relatives interviewed inform information has been provided around the Code and the complaints process. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | 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. Eight 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 nine 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 being implemented and includes staff in-service education. Interview with four caregivers described how choice is incorporated into resident cares. Interview with nine residents informed staff are respectful. A resident satisfaction survey was scheduled to be completed in July 2015 as per Bupa requirement, however this has now been scheduled to be completed earlier (May 2015) identified through corrective action planning. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | 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 practices for Māori. The Bupa Maori health policy was first developed in consultation with kaumatua and is utilised throughout Bupa’s facilities. The service liaises with local Maori representatives. 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 residents who identified as Maori on the day of the audit. Cultural training has been completed by staff. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | 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 seven relatives informed values and beliefs are considered. Discussion with nine residents confirmed staff take into account their culture and values. Eight care plans reviewed included the residents’ social, spiritual, cultural and recreational needs (# link 1.3.7.1). |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | 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 care home manager confirmed an understanding of professional boundaries. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | Services are provided at Bupa Ballarat Care Home 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. Bupa Ballarat Care Home was opened in July 2014 when all Bupa systems were implemented.  There are four benchmarking groups monitored through Bupa, of which Bupa Ballarat Care Home is benchmarked against rest home, hospital and dementia indicators. Information is provided to staff on the trends and corrective action plans when indicators are above the benchmark (e.g. falls). Actions were reviewed and signed out. Bupa quality and risk management systems are being implemented at Bupa Ballarat Care Home.  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 sessions at monthly meetings. There are implemented competencies for caregivers, enrolled nurses and registered nurses. The standardised annual education programme and core competency assessments (with exception the orientation programme # link 1.2.7.5) were all seen to be being implemented at Bupa Ballarat Care Home for the last nine months.  Bupa has introduced a "personal best" initiative where staff undertake a project to benefit or enhance the life of a resident(s). Bupa Ballarat Care Home has embraced this initiative and has achieved gold status for 32 % of staff members, 36% have achieved silver status and 44% have achieved bronze status. This continues to be implemented at Bupa Ballarat Care Home. Staff progress is reported at the staff meetings.  Discussions with residents and relatives were positive about the care they receive. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is an incident reporting policy to guide staff on 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 March 2015 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 identified a shortfall in informing families (10%). This was redone in April with compliance of 95%. A corrective action plan and tool box talks were implemented. Seven relatives stated that they are informed when their family member’s health status changes. There is an interpreter policy and contact details of interpreters were available. All residents were English speaking at the time of audit.  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.  The information pack is available in large print and this can be read to residents. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Bupa Ballarat Care Home is a Bupa facility with all services on ground level. The purpose built facility by the Bupa group was opened in July 2014. The service provides care for up to 80 residents at rest home, hospital and dementia level care. Occupancy on the day of audit was 56 residents (29 rest home, 18 hospital (two young persons with disability) and 9 dementia). There is a contracted physiotherapy service for at least three hours per week. Residents can retain their own general practitioner (GP) on admission and there is one GP with a number of residents. Bupa have identified six key values that are displayed on the wall at Bupa Ballarat Care Home. 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. Since July 2014 Bupa Ballarat has been focusing on implementing Bupa systems. The service has implemented goals for 2015 including reducing falls and increasing staff attendance at inservice. Progress towards goals are reported through the various meetings – for example the quality meeting, full staff and clinical meeting. Bupa Ballarat participates in the organisations benchmarking programme that monitors key aspects of care.  The care home manager at Bupa Ballarat is an experienced manager (RN) with a current practising certificate and has an aged residential care background. The care home manager has worked for the Bupa group for eight years. The care home manager is supported by a clinical manager (registered nurse) who oversees clinical care and has been in the role since the facility opened (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 (March 2015). The manager has maintained at least eight hours annually of professional development activities related to managing a rest home/hospital.  The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states. |
| Standard 1.2.2: Service Management  The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers. | FA | 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. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | Bupa Ballarat Care Home is implementing the Bupa quality and risk management system which is designed so that key components are linked to facility operations. The systems have been in use since July 2014 when the Bupa Group opened the purpose built facility. 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 meetings are held three monthly and issues raised are seen to have been followed through. The services had its first separate relatives meeting in April 2015.  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.  The quality programme includes an annual internal audit schedule that is being implemented at Bupa Ballarat. 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.  Monthly clinical indicator data is collated across the facility monitoring rest home services. There is evidence of trending of clinical data and development of CAPs when volumes exceed targets – e.g. falls. There are falls prevention strategies are in place that includes, hi/lo beds, ongoing falls assessment and exercises by the physiotherapist, and sensor mats. Interview with staff confirmed an understanding of the quality programme.  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. Bupa Ballarat was focusing on implementing Bupa systems in the July - December 2014 year. The CAP process is used to plan and evaluate progress towards specific objectives. Bupa Ballarat has confirmed annual goals for 2015 including reducing the number of resident’s falls and increasing the number of staff attending in-service education. Quality Action Forms (QAF) are implemented in response to a facility quality initiative. There were a number of examples at Bupa Ballarat including follow up actions as a result of a complaint regarding weight recording and aspects of care planning/documentation and staff implementing the “stop and watch” process for critical review..  There is a health and safety, and risk management programme being implemented at Bupa Ballarat. The health and safety committee meet two monthly and minutes reviewed included discussion of incidents/accidents. There is a safety representative who has attended training. There is a current hazard register.  Interview with staff demonstrated an understanding of the quality management programme. |
| Standard 1.2.4: Adverse Event Reporting  All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | Bupa Ballarat Care Home 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. 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. There have been no outbreaks at the service since opening. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | PA Low | 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 eight staff files reviewed (three caregivers, one cook, one clinical manager who is the infection control officer, one activities coordinator and two registered nurses). A register of practising certificates was maintained. Performance appraisals were not applicable as the service has not been opened a full 12 months. Interview with the management team (care home manager, clinical manager) inform a moderate stable workforce at the time of audit with some settling of staff having now been open for nine months.  There is an annual training plan that is being implemented and in addition ‘tool box’ sessions were seen to have been provided opportunistically. The Bupa training plan has been implemented since July 2014 and there is a 2015 training plan being implemented. One of the goals of the service for 2015 is to increase the number of staff attendance at in-service sessions. 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. The last year has been focussed on InterRAI training for RNs. External education is also 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 at orientation and a record of completion maintained, however four caregivers have not fully completed all aspects of orientation. One of the senior caregivers has completed the assessor’s course for two aged care programmes and a number of caregivers have either completed an aged care course or are enrolled.  There is a comprehensive orientation programme being implemented with completion of prescribed modules being completed by new employees (three caregivers have yet to complete all aspects of orientation). Completion of requirements is monitored. Interview with staff informed the orientation programme meets the requirements of the service. Caregivers working in the dementia unit have completed required dementia standards.  The clinical structure in the facility includes a care home manager (practising registered nurse), clinical manager and a team of care staff. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | PA Low | 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.  There is a senior caregiver (mediation competent) and first aid trained member of staff on every shift. Interviews with four caregivers inform the care home manger, clinical manager are supportive and approachable. Staff interviewed informed there are sufficient staff on duty at all times apart from the dementia unit where there is one staff member rostered on duty for all shifts. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 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 are 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. |
| 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. | FA | All residents have a needs assessment completed prior to entry that identifies the level of care required. The care home manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.  Residents and relatives interviewed stated that they received sufficient information on admission and discussion was held regarding the admission agreement. There is a well-developed information pack, which includes advocacy and health and disability information. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement. There is written information on the service philosophy and practices particular to the dementia unit included in the information pack. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | There is an exit discharge and transfer policy that describes guidelines for death, discharge, transfer, documentation and follow up. This directs staff to the appropriate documentation. All relevant information is documented and communicated to the receiving health provider or service. Follow up occurs to check that the resident is settled or, in the case of death, communication with the family is made. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies and procedures in place for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency. Education around safe medication administration has been provided. All staff observed were safely administering medications. Registered nurses and care staff interviewed were able to describe their role in regard to medicine administration. A contracted pharmacy supplies packed medications. All 16 medication charts sampled met all the prescribing requirements. Each drug chart has a photo identification of the resident and allergies or nil known allergies are recorded on the medication chart. There were no residents self-medicating medications at the time of audit, systems are in place to appropriately assess and support residents who wish to do so. Internal medication audits were completed six monthly. The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | All meals at Bupa Ballarat are prepared and cooked on site. There is a six weekly winter and summer menu which is reviewed by a dietitian at organisational level. Meals are prepared in a well-appointed kitchen adjacent to the hospital and dementia unit dining rooms. Meals are served from bain maries by caregivers and kitchen staff. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the registered nurse or clinical manager. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food. There is additional nutritious snacks available over 24 hours. Resident weighs are taken monthly, however weight loss is not always identified in care plans or notified to the GP (# link 1.3.5.2 & 1.3.6.1) |
| Standard 1.3.2: Declining Referral/Entry To Services  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. | FA | The reason for declining service entry to residents should this occur is communicated to the resident or family/ whanau and they are referred to the original referral agent for further information |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | The initial support plan is developed with information from the initial assessment. Clinical risk assessments include continence, safe handling, falls risk, pressure area risk, mini nutritional assessment, cultural needs assessment, pain assessment and wound assessments are available for use as applicable. Risk assessments were completed on admission and reviewed six monthly in the resident files sampled. Risk assessment tools are used to identify the required needs and interventions required to meet resident goals. A behaviour analysis tool is available however this was not implemented and behaviour monitoring was not evidenced for four residents with identified challenging behaviours (# link 1.3.6.1). |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | PA Moderate | Resident centred care plan template allow for identifying the individual support and interventions required to meet the resident goals. The care plans reviewed do not always reflect the outcomes of risk assessment tools or demonstrate service integration with input from allied health practitioners. Short term care plans were not always in use for changes in health status. There is documented evidence of resident/family/whanau involvement in the care planning process. Residents/relatives interviewed confirmed they participate in the care planning process. All files reviewed did not evidence alignment of care summaries. Four resident files reviewed had limited behavioural management strategies, no behaviour monitoring or behaviour assessment tool (# link 1.3.6.1) |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Moderate | A written record of each resident’s progress is documented. Changes are followed up by a registered nurse (evidenced in residents' progress notes sighted). When a resident's condition alters, the registered nurse initiates a review and if required, a GP consultation or referral to the appropriate health professional is actioned. When a resident health needs change or at the six monthly care plan review the registered nurse updates the residents care plan to reflect current health care needs (link 1.3.5.2). The clinical staff interviewed advised that they have all the equipment referred to in care plans necessary to provide care. Dressing supplies are available and treatment rooms are well stocked for use. Wound documentation was reviewed and includes wound assessment, treatment plans and evaluations and progress notes. The wound care nurse specialist was involved with assessment and treatment of chronic wounds and is available for advice. Continence products are available and specialist continence advice is available as needed. Short term care plans are recorded and plans reviewed documented sufficient detail to guide care staff in the provision of care. A physiotherapist is employed to assess and assist resident’s mobility and transfer needs. Documentation shortfalls have been identified around behaviour monitoring, weight management and physiotherapy follow up. |
| 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. | PA Low | The activities assistant at Bupa Ballarat provides an activities programme for 25 hours over five days per week for all three care levels. Group activities are voluntary and developed by the activities assistant who has completed dementia papers and currently working towards core competencies. Residents are able to participate in a range of activities that were appropriate to their cognitive and physical capabilities. The service has a van which are used for resident outings. The group activity plans are displayed on notice boards around the facility. There is one programme and residents from hospital and rest home units who attend activities they wish to attend. All residents who do not participate regularly in the group activities are visited by the activity assistant with records kept to ensure all such residents are included. All interactions observed on the day of the audit indicated a friendly relationship between residents and activity staff. The resident files reviewed included a section of the care plan was for activity and has been reviewed six monthly. There is a 24 activity care plan developed for each resident in the dementia unit. Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via meetings and surveys. The organisation has an occupational therapist who oversees the activity programme, is available for activity staff to discuss recreational programmes and provides education for activity staff twice a year. The residents are maintaining links with the community and continuing activities they participated in outside of the facility. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Initial care plans are evaluated within three weeks of admission and long term care plans developed (link 1.3.3.3). Long term care plans reviewed were evaluated by the registered nurses or when changes to care occur. Multi-disciplinary team meetings are conducted six monthly for each resident and involves all relevant personnel. The house GP examines his residents and reviews the medications three monthly. Short term care plans for short term needs were noted to be evaluated and resolved or on-going long term problems recorded in the long term care plan (link 1.3.5.2). |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | 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.  Discussions with the four registered nurses identified that the service has access to GPs (during office hours), ambulance/ emergency services (after hours), allied health, dietitian, continence, stoma and wound specialists. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Documented processes for the management of waste and hazardous substances are in place. Material safety data sheets were readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A chemical spills kit is available. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current code of compliance that expires 10 December 2015. There is a full time property manager who is available on call for facility matters. Planned and reactive maintenance systems are in place and maintenance requests are generated through maintenance request books. All electrical equipment has been tested and tagged. Clinical equipment has had functional checks/calibration. Hot water temperatures have been tested and recorded monthly with corrective actions for temperatures outside of the acceptable range. Preferred contractors are available 24/7.  Corridors are wide in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas. There is outdoor seating and shade. There is a designated smoking area for residents who smoke.  The caregivers and registered nurses (interviewed) state they have all the equipment required to provide the care documented in the care plans. |
| 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 | Visual inspection evidences toilet and shower facilities are of an appropriate design to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. All bedrooms in the facility have access to a single or shared ensuite. There are sufficient shower and toilets for the residents in all units. There are communal toilets located near the lounge/dining rooms. Communal toilet facilities have a system that indicates if it is engaged or vacant |
| 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 | There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. The doors are wide enough for ambulance trolley access. Residents and families are encouraged to personalize their rooms as viewed on the day of audit |
| 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 | Communal areas within the facility include open plan lounge and dining area in each area. There are smaller lounges, meeting room and a family room within the facility. The communal areas are easily accessible for residents |
| 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 adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry has a dirty to clean work flow. There are dedicated laundry and housekeeping staff. All linen and personal clothing was laundered onsite. Cleaning trolleys were kept in designated locked cupboards. Residents and family interviewed report satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Appropriate training, information, and equipment for responding to emergencies has been provided. Registered nurses are first aid trained. There is an evacuation scheme approved by the fire service dated 26 June 2014. Six monthly fire evacuations are held. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies with an emergency supply kit, emergency lighting, barbeques, food supplies and sufficient water storage for three to five days. There is an infection outbreak kit with necessary supplies. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Visual inspection evidences that the residents were provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. |
| Standard 3.1: Infection control management  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. | 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 and is discussed at the two monthly quality meetings. The service had its first separate IPC meeting in January 2015. The IC programme is reviewed annually at head office. The facility had 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). |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | Infection control is discussed at the two monthly quality meetings 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 and other staff. The facility also has access to an infection control nurse specialist, public health, GP's and expertise within the organisation. |
| Standard 3.3: Policies and procedures  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. | 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. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator (clinical manager) has been in the role since opening. The clinical manager is suitably skilled to manage infection matters and has completed polytechnic training in 2013 and external updates in 2014. The IPC coordinator will attend the Bupa 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. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The surveillance policy describes the purpose and methodology for the surveillance of infections. The IC coordinator uses the information obtained through surveillance to determine infection control activities, 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.  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. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There is a regional restraint group at an organisation level that reviews restraint practices. Restraint is reported at the two monthly quality meetings. The care home manager is the restraint officer. 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 no residents with restraint and no residents using enablers. The facility is restraint free. 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. Staff complete annual restraint competencies. Education on minimising restraint and challenging behaviours has been completed. |

# Specific results for criterion where corrective actions are required

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

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.4  New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Low | There is a comprehensive orientation programme being implemented with completion of prescribed modules now being completed by new employees. Completion of requirements is monitored. Interview with staff informed the orientation programme meets the requirements of the service. | Completed orientation documentation is not evident in three caregivers files. One has been employed for nine months and two have been employed for eight months. | Ensure that all staff have on the file a record of completed orientations  90 days |
| Criterion 1.2.7.5  A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | There is an annual training plan that is being implemented and in addition ‘tool box’ sessions were seen to have been provided opportunistically. The Bupa training plan has been implemented since July 2014 and there is a 2015 training plan being implemented. One of the goals of the service for 2015 is to increase the number of staff attendance at in-service sessions. Educational in-service sessions have included (but not limited to): chemical safety, accidents and incidents, privacy, safe food handling, abuse and neglect, open disclosure, food and nutrition and first impressions (18 staff attended march 2015). | Since opening there has been low attendance at in-service sessions including (but not limited to): safe positioning (7), communication (6), privacy (6), infection control (5) and falls prevention (8). The service has identified this shortfall. One of the quality goals identified by the service is to increase staff attendance at in-service. | Ensure staff attend in-service so as to ensure staff are communicated with and trained in best practice/safe care of residents.  90 days |
| Criterion 1.2.8.1  There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery. | PA Low | There are currently nine residents in the dementia unit. One of the two registered nurses is assigned to oversee the unit. | There is one caregiver rostered in the dementia unit at any time. When the caregiver is completing personal cares for residents there is no staff member to monitor residents throughout the dementia unit including the lounge. | Ensure that there are adequate staff rostered in the dementia unit to safely manage and care for residents  60 days |
| Criterion 1.3.3.3  Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer. | PA Low | Seven of eight files reviewed had evidence of LTCPs having been developed within three weeks of admission. | One resident admitted in August 2014 did not have the LTCP developed until October 2014 and when transferred to a different unit within the facility in November 2014 did not have an updated LTCP developed until February 2015 | Ensure LTCPs are developed within three weeks of admission to all units.  90 days |
| Criterion 1.3.5.2  Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process. | PA Moderate | Short and long term care plans are required to instruct care staff on interventions needed to meet the resident’s needs. Two of eight care plans include interventions to thoroughly support care required. Five of eight resident care plans reviewed (one hospital, one rest home respite, one rest home and two dementia one file of which was sampled following an incident report) do not always reflect current resident needs. | The following documentation shortfalls were identified in five of eight care plans reviewed (i).Resident (hospital) having GTN spray for angina did not have angina management identified in the LTCP. (ii) Short stay resident (rest home) with identified confusion had no interventions documented to manage this. (iii) Resident (rest home) visited by dietitian did not have the LTCP updated to reflect management of eating difficulties or the high calorie, high protein diet. (iv) Resident (dementia) with aggressive behaviour, hallucinations, weight loss, red swollen ankle did not have management strategies for this documented in a STCP or LTCP. (v) Resident (dementia) with challenging behaviours identified on incident forms did not have this reflected in the care summary or LTCP, no behaviour management plan has been implemented. | Ensure all long and short term care plans reflect interventions to support current resident needs  60 days |
| Criterion 1.3.6.1  The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Moderate | Behaviour monitoring charts and behaviour assessment tools are provided to assist in the development of appropriate interventions to minimise and manage challenging behaviours. Physiotherapy services are provided by an in house physiotherapist one morning a week for assessment of hospital residents on admission and other residents by referral. Documentation shortfalls have been identified around behaviour monitoring, weight management and physiotherapy follow up. | (i) The behavioural analysis tool provided by Bupa has not been utilised for any resident with identified challenging behaviours. Behaviour monitoring has not been undertaken for four residents (one rest home, one hospital and two dementia level care residents) with identified challenging behaviours. (ii) Resident on fortisip for weight management did not have monthly weighs taken in October 2014 or February 2015. (iii) Resident with six kg weight loss in four months did not have this recorded in progress notes or have GP notified (the GP had seen the resident twice since the last weight was recorded on 25/03/15 but weight loss information was not raised); (iv) The physiotherapy assessment for a rest home resident requested by the GP on 10 March 2015 had not been undertaken at the time of audit. | (i)Ensure behaviour monitoring and analysis tools are utilised for all residents with identified challenging behaviours (ii) Ensure weights are completed as instructed; (iii) Ensure weight loss is reported as per policy; (iv) Ensure GP/Allied Health instructions are followed.  60 days |
| Criterion 1.3.7.1  Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | PA Low | One activities assistant provides an activities programme for the three levels of care for 25 hours over five days. The dementia unit has the activities assistant present in the morning to relieve the caregiver for morning tea and again at lunchtime for the caregiver to have lunch at which time the activities assistant serves lunch to the residents. The dedicated activities time for the dementia residents is for 2 hours on a Friday morning. | The dementia unit has two hours dedicated activities time each week with other hours while the activities assistant relieves the caregiver for breaks. There is one caregiver rostered in the dementia unit. | Review the current activities hours in the dementia unit to meet the needs of the residents.  60 days |

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

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

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

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

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End of the report.