

Bainlea House (2013) Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bainlea House (2013) Limited
Premises audited:	Bainlea House Bainswood on Victoria
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 15 December 2015 End date: 16 December 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:	78

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

General overview of the audit

Bainswood on Victoria and Bainlea House is part of the Arvida Group. The service is certified to provide rest home, hospital and dementia level care for up to 85 residents. The service is spread over two facility sites, with Bainswood on Victoria providing care for up to 57 residents at hospital and rest home level care, and Bainlea House providing care for up to 28 residents at dementia level care. On the day of the audit there were 78 residents. There is a general manager who reports to the Arvida group board of directors.

Each site has a nurse manager who is an experienced registered nurse. Family and residents interviewed all spoke positively about the care and support provided.

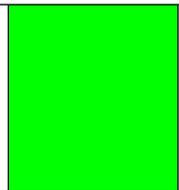
This unannounced surveillance audit was conducted against a subset of the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, general practitioner, staff and management.

The service has addressed four of five previous certification audit findings relating to notifying families of incidents, quality meeting minutes, corrective action plan sign off, and in-service education attendance.

Further improvements are required around long term care plan updates.

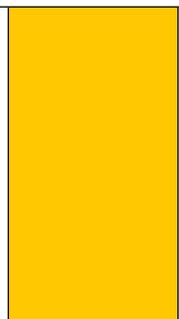
This surveillance audit identified that improvements are also required in relation to reporting of all incidents, and aspects of medication documentation.

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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Communication with residents and families is appropriately managed and recorded. Complaints are actioned and include documented response to complainants should the need arise. There is a complaints register at each site.

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.		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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There is an implemented quality and risk programme that involves the resident on admission to the service. A business plan, quality assurance and risk management plan is being implemented for 2015. Policies and procedures have been reviewed to reflect the activities of the service and align with current guidelines and legislation. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through following internal audits and feedback from residents and staff. Feedback is sought from residents and families. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed. There is a comprehensive orientation programme that provides new staff

with relevant information for safe work practice. Human resource policies are in place to determine staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

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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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurses are responsible for assessment, care planning and evaluation of care, with input from residents and family. Residents and family interviewed confirmed that they were happy with the care provided and the communication.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme.

There is a secure medication system at the facility. Staff responsible for medication administration are trained and annual competencies are completed.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were 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.

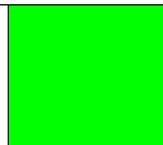


Standards applicable to this service fully attained.

The facilities display current building warrants of fitness.

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.

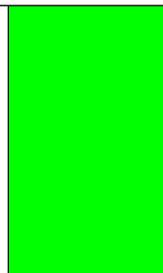


Standards applicable to this service fully attained.

Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There are three hospital residents requiring restraint and no enablers.

Infection prevention and control

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



Standards applicable to this service fully attained.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Infection rates are low and no outbreaks have been reported since the previous audit.

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	13	0	0	3	0	0
Criteria	0	36	0	0	3	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whanau are provided with information on the complaints process on admission through the information pack. Complaint forms are available at each entrance of the services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Four complaints have been received in the past two years for Bainswood on Victoria and none at Bainlea House. The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Eight residents (rest home and hospital) and five family members (two rest home, two hospital and one dementia) interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Communication with family members is recorded on the sample of incident and accident report forms reviewed and in the resident daily progress notes. The previous audit finding has now been addressed. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Interpreter services are provided if residents or family/whanau have difficulty with written or spoken English.</p>

conducive to effective communication.		
<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>	FA	<p>Bainswood on Victoria and Bainlea House are two of 21 aged care services now part of the Arvida Group. Each facility in the group operates under its own strategic plan and quality programme. A previous owner is now the general manager and both Bainswood on Victoria and Bainlea House have a nurse manager.</p> <p>Bainswood on Victoria is certified to provide rest home and hospital level care for up to 57 residents. All beds are assessed as dual purpose. Occupancy was 54 residents on the days of audit – 22 rest home and 32 hospital.</p> <p>Bainlea House is certified to provide rest home dementia level of care to up to 28 residents with 24 residents on the days of audit. There was one respite resident at Bainlea House.</p> <p>There is a strategic plan in place for 2014 -2019 for Bainlea House (2013) Ltd. The service has a quality and risk management system with associated policies and procedures. The Arvida Group is in the process of developing policies and procedures for all facilities. The service currently uses policies, procedures and documentation associated with the previous ownership. The quality plan includes objectives, policies and procedures, implementation, monitoring, quality risk, and corrective action plans.</p> <p>The general manager and the two nurse managers have maintained at least eight hours of professional development each in the past 12 months.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The service has an established quality and risk system that includes analysis of incidents, infections and complaints, internal audits and feedback from the residents. Bainswood on Victoria and Bainlea House monitors progress with the quality and risk management plan through quality improvement meetings and staff meetings. Meeting minutes reviewed evidence discussion and reporting on all quality activities including infection control. The service has addressed this previous finding.</p> <p>There is an internal audit schedule being completed for 2015. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. These were evidenced at both Bainswood on Victoria and Bainlea House. The service has addressed this previous finding. Benchmarking has been commenced within the group, with collation of clinical indicators relating to falls, skin tears, infections and wounds. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p> <p>The service has comprehensive policies/ procedures to support service delivery which have been reviewed. Policies and procedures align with the resident care plans and have been updated to include reference to the InterRAI assessment tool. There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. The service collects information on resident incidents and</p>

		accidents as well as staff incidents/accidents and provides follow up where required (link finding #1.2.4.3). Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	PA Moderate	<p>Incident and accident data is collected and analysed and reported to staff. A sample of resident related incident reports, summaries, collation data and related resident files were reviewed and evidence that not all adverse events were documented to manage risk. Appropriate care and support has been provided by care staff and registered nurses post incident and this is well recorded in the corresponding resident files. Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff as evidenced in meeting minutes reviewed and staff interviews. The nurse managers are aware of their responsibilities to notify appropriate authorities when required.</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>	FA	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates are kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Six staff files were reviewed and included one cook, two registered nurses, two caregivers and one diversional therapist. All staff files reviewed included all appropriate documentation.</p> <p>The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for all staff. There is an in-service programme being implemented for 2015 which exceeds eight hours annually. Attendance rates have improved for both sites and compulsory training has been well attended. The service has addressed this previous finding. The nurse managers and registered nurses have attended external training. There are 16 caregivers and one diversional therapist (DT) who work in the Bainlea House dementia facility. Fourteen caregivers and the DT have completed the required dementia unit standards and two are in the process of completing. These two staff members commenced employment in the past 12 months.</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>Bainswood on Victoria and Bainlea House each have a roster in place which ensures that there sufficient staff rostered on to meet the needs of the residents. At Bainswood there is a registered nurse on duty at all times. The nurse manager works full time and is supported by a full time clinical manager. Bainlea House has a full time nurse manager and a part time registered nurse, who cover Monday to Saturday. After hours on call cover at Bainlea House is shared between the registered nurses. Caregivers and residents interviewed advised that sufficient staff are rostered on for each shift. All registered nurses at Bainswood and all caregivers at Bainlea House are trained in first aid. Residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required.</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 are policies and procedures in place for all aspects of medication management, including self-administration. There were no residents assessed as competent to self-administer medication on the days of audit. The medication management system is implemented and documented. Individually prescribed resident medication charts are not always complete and one chart provided unclear information of the current medication in use. All medications were securely and appropriately stored.</p> <p>Registered nurses and senior caregivers administer medications. Registered nurses and care staff responsible for medication administration have completed annual medication competencies. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and reported to the supplying pharmacy. Medication errors are reported as part of the quality (staff) meeting. Progress notes include the reasons for or the effectiveness of as required medications, as instructed in the LTCP. Not all medication documentation has been fully completed.</p> <p>Medication profiles reviewed were legible and up to date. All medication charts have been reviewed three monthly, by the GP. The medication fridge has temperatures recorded daily and these are within acceptable ranges.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a</p>	<p>FA</p>	<p>Bainswood on Victoria has a commercial kitchen where all food is prepared and served. The service employs one cook and one relieving cook. Both have completed food safety certificates. The cook interviewed explained the procurement of the food and management of the kitchen, for which she is responsible. There is a well-equipped kitchen and all meals are cooked onsite with separate dining rooms. On the day of the audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge, food, freezer and dishwasher temperatures were monitored and documented daily and were within safe limits. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Nutritional profiles were evident in a folder for kitchen staff to access. Special diets were noted on the kitchen noticeboard. The menu is a four-week seasonal menu. Residents and families interviewed, expressed satisfaction with the food</p>

<p>component of service delivery.</p>		<p>service and can provide feedback through a food survey and at resident and relative meetings. Resident weights are monitored monthly or more frequently if required. Dietary supplements are available.</p> <p>Food for residents at Bainlea House is prepared at another site owned by the organisation and transported in insulated boxes and transferred to the bain Marie in the servery. The RN interviewed stated snacks are available to residents 24/7 and this was evident on the day of the audit.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Six files were reviewed for the audit. Care plan documentation was comprehensive with the exception of one file (link #1.3.8.3). Family members interviewed expressed satisfaction with the clinical care and that they are involved in the care planning of their family member. Caregivers and the RNs interviewed state there is adequate equipment provided including continence and wound care supplies. Wound assessment forms and an ongoing assessment and treatment forms were completed for all wounds within the stated frequency. Monitoring occurs for weight, vital signs and blood glucose.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	<p>FA</p>	<p>There are two diversional therapists assisting with activities from Monday to Friday in Bainlea on Victoria and one diversional therapist at Bainlea House. All had training in challenging behaviour management and de-escalation. On the day of audit, residents were observed being actively involved in activities. Residents and family interviewed were satisfied with the activities provided. The activities programme is designed for high-end and low-end cognitive functions and caters for individual needs. The programme is developed monthly and displayed in large print. Residents have an assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career, family etc. Resident files reviewed identified that the individual activity plan was reviewed at least six monthly. The diversional therapists interviewed explained the variety of the programme and the inclusion of exercise activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and</p>	<p>PA Moderate</p>	<p>Care plans are evaluated by the registered nurse six monthly. Five of six care plans sampled were updated when changes to care occur. Short-term care plans for short-term needs were evaluated and either resolved or added to the care plan as an ongoing problem. Two residents with recent weight loss had a short term care plan initiated. This aspect of the previous finding has been addressed. The family are notified of GP visits and three monthly reviews by phone call and if unable to attend, they are informed of all the changes. There is at least a three monthly medical review by the medical practitioner. The family members interviewed confirmed they are invited to attend GP visits. Progress notes are updated daily or as health changes. Registered nurse input and review after significant</p>

timely manner.		events and health changes are evident in the progress notes.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	Bainswood on Victoria displays a current building warrant of fitness which expires on 1 March 2016. Bainlea House displays a current building warrant of fitness which expires on 20 June 2016.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. The nurse managers at both sites are the designated infection control nurses. An individual resident infection summary is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections are entered on to a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. Infection control education has been provided in 2015. No outbreaks have been reported since the previous audit. Benchmarking of data has commenced in October 2015 within the Arvida Group.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	Documented systems are in place to ensure the use of restraint is actively minimized. The facilities were not utilising enablers on the days of audit. There are three hospital level residents at Bainswood on Victoria who have restraint in place. Restraints include lap belts (two) and one low/low bed. Policies and procedures include the definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Restraint use is reviewed at management meetings and education and audits have 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>PA</p> <p>Moderate</p>	<p>The sample of 13 incident reports for November and December 2015 were reviewed. Family notification is recorded on the reports and in the corresponding resident files. The incident reporting forms reviewed included first aid and assessment of the resident. Timely referrals to the general practitioner (GP) have not always been made and not all incidents identified, had had a report completed. Care plans were not all fully updated following changes in health status or behaviours (link #1.3.8.3).</p>	<p>i) One rest home resident who had an episode of choking did not have this reported via the incident reporting system. The incident was noted in the progress notes and the long term care plan advises that choking is a potential risk with prevention measures documented; ii) One resident in the dementia unit had an aggressive outburst which involved another resident. This was not reported via the incident reporting process and was not recorded in progress notes. The long term care plan states the resident can be resistive to cares; and iii) One dementia resident who had six falls in three months was not referred to the GP for review.</p>	<p>i) and ii) Ensure that all resident incidents and accidents are reported via the incident reporting process; iii) Ensure that residents who experience multiple falls are referred to the GP in a timely manner.</p> <p>30 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines</p>	<p>PA</p> <p>Moderate</p>	<p>Medication policies align with accepted guidelines. The medication</p>	<p>i) One of fourteen medication charts did not evidence indications for use of as required</p>	<p>(i) Ensure 'indications for use'</p>

<p>management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>management system is documented. Eye drops are dated on opening and discarded as required. The service uses individualised medication blister packs which are checked in on delivery to the facility.</p>	<p>medications; ii) The signing sheets were inconsistently completed for four of fourteen medication charts; iii) One medication chart was without a photo ID; iv) The syringe driver documentation is not clear as to which medication is currently in use in the syringe driver.</p>	<p>are documented; (ii) Ensure medication are administered as prescribed; (iii) Ensure medication chart had a current resident photo ID and (iv) Ensure syringe driver documentation is clear to guide RNs.</p> <p>30 days</p>
<p>Criterion 1.3.8.3 Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	<p>PA Moderate</p>	<p>Care plans reviewed had been updated as residents' needs changed with the exception of one file in Bainlea House. Five of six files reviewed had sufficient interventions to guide staff in the care of the resident. Interview with one GP evidenced that care provided is satisfactory and GPs are kept informed. Short term care plans were evident in the files reviewed.</p>	<p>One resident in Bainlea house is a high risk of falls and has continence management issues: i) The care plan has not been updated to reflect the high falls risk; ii) On review of the medical notes, it was evident that the GP was not alerted to this issue, and has only reviewed the resident at the next three monthly review; iii) The interventions recorded in the long term care plan are insufficient to guide staff in the management of the falls or to manage his continence needs.</p>	<p>i) Ensure care plans reflect changes in health care; ii) Ensure that medical staff are alerted to significant changes in a resident status; iii) Ensure that interventions recorded in the long term care plan are sufficient to guide staff in the care of the resident.</p> <p>60 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.