# Bupa Care Services NZ Limited - Rahiri Lifestyle care & Village

## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

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

**Premises audited:** Rahiri Lifestyle Care and Village

**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: 9 November 2015 End date: 9 November 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:** 46

# 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** |
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|  | 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 Rahiri provides rest home, dementia and hospital level care for up to 49 residents. On the day of audit, there were 46 residents. An experienced care home manager manages the service. The residents and relatives interviewed commented positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents’ and staff files, observations, and interviews with residents, family, intern nurse practitioner, management and staff.

The service has addressed the six shortfalls from the previous certification audit around corrective actions, completion of accident/incident forms, staffing levels, activities and outings, as required medications and hot water temperatures.

The surveillance audit identified that improvements are required around three monthly reviews of medication charts.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Communication with residents and families is appropriately managed. Full information is provided at entry to residents and family/whānau. Open communication commences upon residents being admitted. There is a policy to guide staff on the process around open disclosure. Complaints are actioned and include documented response to complainants. A complaints register is maintained.

## Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

Bupa Rahiri has an implemented quality and risk management programme. The Bupa strategic and quality plan includes quality goals for 2015. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and evaluated through internal audits and meetings. Benchmarking occurs within the organisation and with an external benchmarking programme. Residents and families are surveyed annually. 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 and an in-service education programme that exceeds eight hours annually. Human resource policies are in place to determine staffing levels and skill mixes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Some standards applicable to this service partially attained and of low risk. |

The sample of residents’ records reviewed provides evidence that the provider has systems to assess, plan and evaluate care needs of the residents within the required timeframes. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed demonstrate service integration. The GP reviews the residents three monthly or earlier as required.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medication records reviewed have photo identification and include documentation of allergies and sensitivities.

An activities programme is implemented separately for the rest home, hospital area and for the dementia care unit. Residents and families report satisfaction with the activities programme. The programme includes community visitors, outings, entertainment and activities that meet the recreational preferences and abilities of the resident groups.

All meals are prepared and cooked on site. Residents' nutritional needs are identified and documented. Dislikes are known and residents are provided with choices. The company dietitian has reviewed the Bupa menu plans. Nutritious snacks are available 24/7 in the dementia unit.

## Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Standards applicable to this service fully attained. |

The building holds a current warrant of fitness.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

Staff aim to minimise restraint usage. There is a restraint policy in place with associated procedures and forms. The policy contains definitions of restraint and enablers that are congruent with the definitions included in the standards. A registered nurse oversees restraint usage within the facility. On the day of audit, there was one resident with restraint use and no residents with the use of enablers.

## 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 coordinator (registered nurse) is responsible for collating monthly infection rates. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities.

## Summary of attainment

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

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| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 16 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 41 | 0 | 1 | 0 | 0 | 0 |

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| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

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

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The service has a complaints policy and procedures in place and residents and their family/whānau are provided with information on the complaints process on admission, through the information pack. Complaint forms are available at the entrance of the service. Nine staff interviewed were aware of the complaints process and to whom they should direct complaints. A complaints folder is maintained with a current complaints register. There have been seven complaints recorded for 2015, year to date. All are well documented including investigation, follow up and resolution. Two residents (rest home) and family members advised that they are aware of the complaints procedure and how to access forms. |
| 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 in their responsibility around open disclosure. Staff are required to record family notification when entering an incident into the system. Incident reports and associated resident files reviewed met this requirement. Six family members interviewed (four hospital and two dementia level) confirmed they are notified following a change of health status of their family member. Resident/relative meetings are held bi-monthly. There was an interpreter policy and contact details of interpreters were available. |
| 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 Rahiri is certified to provide rest home, hospital and dementia level of care for up to 49 residents. There are three designated rest home beds, 38 dual-purpose beds and an eight-bed dementia unit. On the day of audit, there were 22 rest home residents, 17 hospital residents, and seven dementia level of care residents. There were no residents under the medical contract and no respite residents.  Bupa's overall vision is "Taking care of the lives in our hands". Six key values are displayed on the wall. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Bupa Rahiri has set specific quality goals for 2015. Progress with the quality assurance and risk management programme is monitored through the Bupa managers’ meetings and various facility meetings. Monthly and annual reviews are completed for all areas of service.  The organisation has a clinical governance group, which meets two monthly. Bupa has robust quality and risk management systems implemented across its facilities with four benchmarking groups established for rest home, hospital, dementia, and psychogeriatric/mental health services.  An experienced registered nurse, who has been the care home manager at Bupa Rahiri for five and a half years, manages the service. She has an extensive background in aged residential care and is supported by a clinical manager who has been in this position for three years. Care home managers and clinical managers attend annual organisational forums and regional forums six monthly. The regional operations manager visits monthly and more often if required. The manager has completed in excess of eight hours of professional development in the past 12 months. |
| 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 | There is a Bupa strategic plan for 2012 – 2015 and a quality and risk management plan for Bupa Rahiri. Goals and objectives relate to building strong and connected communities, provide leadership within the sector, and maximise resource to deliver on the Bupa mission. Quality improvement initiatives for Bupa Rahiri have been documented and are developed as a result of feedback from residents and staff, audits, benchmarking, and incidents/accidents. Meeting minutes evidence discussion around quality data. Staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with staff confirm their involvement in the quality programme. The service has comprehensive policies/procedures to support service delivery. The policies are reviewed regularly and evidence current best practice. Staff are required to read policies as they are reviewed/amended.  There is an internal audit schedule in place for 2015. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. Internal audits have been completed as per schedule for 2015 year to date. The service has addressed the previous finding around corrective actions.  There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. Falls prevention strategies are implemented for individual residents and staff received training to support falls prevention in April 2015. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow up where required. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. |
| 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 | There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Incident and accident data is collected, analysed and benchmarked through the Bupa benchmarking programme. A sample of 17 resident related incident reports for October and one week of November 2015 were reviewed. All reports and corresponding resident files reviewed evidence appropriate and timely clinical care was provided following an incident. Reports were completed, and follow-up, referrals and investigations had been conducted as required. The service has addressed the previous finding around signing off accident/incidents forms. There is documented evidence of family notification following incidents/accidents.  The provider is aware of their obligations in regards to essential notifications. There have been no reportable events. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are organisational policies to guide recruitment practices and documented job descriptions for all positions. Appropriate recruitment documentation was sighted in the five staff files reviewed. A register of practising certificates is maintained. Performance appraisals were current in all files reviewed. The care home manager and clinical manager advised that the caregiver workforce is stable. Interviews with five caregivers (two rest home, one hospital and two dementia care) and two registered nurses informed that management are supportive and responsive.  An annual training plan is being implemented. Bupa ensures registered nurses are supported to maintain their professional competency. Education sessions have been held at least monthly. There is an induction programme with completion being monitored and reported monthly to head office as part of the reporting programme. Interviews with staff informed the induction programme meets the requirements of the service. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | An organisational staffing policy aligns with contractual requirements and includes skill mixes. Bupa Rahiri has a four weekly roster in place, which ensures there are adequate staffing levels to meet the acuity and safety needs of the residents. There is a casual pool of staff available. The clinical manager and registered nurses oversee the clinical care of residents. There is an RN on duty each shift. A full time care home manager and clinical manager (RN) are on duty Monday to Friday. Registered nurse and caregivers advise that sufficient staff are on duty for each shift. Interviews with residents and relatives confirmed staffing overall is satisfactory. The service has addressed the previous finding around staffing levels. |
| 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. | PA Low | Medications are managed appropriately in line with legislative requirements. Registered nurses administer medications to hospital residents, and enrolled nurses and caregivers administer medications to rest home and dementia unit residents. All medication competent staff have completed annual medication competencies and education for medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.  Standing orders are not used. There was a self-medicating competency and monitoring was in place for one self-medicating resident on the day of audit. The medication fridge temperatures are checked daily and were within acceptable ranges.  Ten resident medication signing sheets were sampled. Signing sheets correspond to instructions on the medication chart. Antipsychotic medication management plans were in place for residents on these medications.  Ten medication charts sampled (two dementia care, four hospital and four rest home) had photo identification and allergy status on the medication chart. ‘As required’ medication had indications for use. The previous finding around ‘as required’ medications has been addressed. Not all medication charts had been reviewed by the GP 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 | The national menus have been audited and approved by an external dietitian. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in bain maries to each kitchenette where they served. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Likes and dislikes are known with alternative foods offered. Special diets such as diabetic desserts and pureed meals are provided. Finger foods and nutritious snacks are available in the dementia unit 24 hours.  End cooked food temperatures are recorded twice daily. Serving temperatures from bain maries are taken and recorded daily. Temperatures are recorded on all inward chilled goods. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods in the chiller, fridges and freezers are dated. Cleaning schedules are maintained.  Food services staff have completed food safety training and chemical safety. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | When a resident’s condition alters, the registered nurse initiates a review, and if required GP, NP or nurse specialist consultation. There is documented evidence written on the family contact record of family notification when a resident health status changes, including infections, incidents/accidents, GP visits, medication changes, care plan reviews, challenging behaviours, appointments and transfers. Relatives confirmed they are notified of any resident concerns and any significant events. Relatives state that staff are very approachable if they wish to discuss their relative’s health at any time. Residents interviewed confirmed their needs are being met.  Staff report that there are adequate continence supplies available. Resident urinary continence assessment and bowel management has been completed for residents with identified continence problems. The clinical manager states there are nursing specialists for wound and continence management readily available for advice and education.  Initial wound assessments and dressing plans, and ongoing evaluations at the required frequency has been completed for four wounds in the rest home (three skin tears and one chronic ulcer), and in the hospital unit, four skin tears and two pressure areas (one grade 2 pressure area of hip and one grade 3 pressure area of toe). There were no residents in the dementia unit with wounds.  Behaviour monitoring charts are commenced for any new or escalating behaviour (sighted). The GP, NP and mental health services are readily available as required. |
| Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The service employs an activities coordinator Monday to Friday from 9.30 am to 3.30 pm. She is a qualified caregiver, has completed dementia unit standards, first aid, and is currently progressing through the “walking in another’s shoes”. Support is provided from head office via twice-yearly Bupa national training days for activity coordinators.  There are separate activity programmes for the rest home, hospital and dementia care unit, which includes activities to meet the recreational needs and abilities of the resident group. The activity coordinator implements the rest home and hospital activities. Entertainment and some activities are integrated for all residents. A variety of activities was observed occurring in the lounges throughout the rest home/hospital units on the day of audit. The activity coordinator includes one on one time for residents who are unable or choose not to participate in the programme. The activity coordinator visits residents in the dementia unit daily, spending one on one time with residents as appropriate. Caregivers also provide activities as part of the programme. Small groups and one on one time was observed to occur on the day of audit. Relatives interviewed confirmed activities were provided in the dementia unit. The previous finding around activities has been addressed  There are outings and drives for all residents. The service has a wheelchair hoist van. The service has a volunteer driver and the activity coordinator on outings for rest home and hospital level of residents, and two staff and the driver for outings with dementia level of care residents. The previous finding around staff on outings has been addressed.  The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan in all resident files sampled, identify activities and community links that reflect the resident’s normal patterns of life. The activity plan, incorporated into the long-term care plan, is reviewed six monthly at the same time as the care plan review. Residents/family has the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The initial care plan and long-term care plans were reviewed and evaluated by the registered nurse at least six monthly or earlier for changes in health status. One hospital resident had not been at the service six months. Six monthly multi-disciplinary reviews (MDR) and meeting minutes had been completed by the registered nurse with input from caregivers, the GP/NP, the diversional therapist and any other relevant person involved in the care of the resident. Family members are invited to attend the MDR. Written evaluations are documented identifying if the resident needs/goals have been met or unmet. Changes are made to ensure the residents current needs are reflected in the long-term care plan. Short-term care plans are evaluated at regular evaluations. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building holds a current warrant of fitness, which expires on 21 January 2016.  At the request of the DHB, the full standard was reviewed. Reactive and preventative maintenance occurs. A 52 week planned maintenance programme is maintained. Medical equipment has been serviced and calibrated, October 2015. The hot water temperatures are monitored monthly. The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen areas. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents are observed moving freely around the areas with mobility aids, where required. The external areas and gardens are well maintained. There is outdoor furniture and seating and shaded areas. There is wheelchair access to all areas. The caregivers and RNs stated that they have all the equipment referred to in care plans necessary to provide care. The eight-bed dementia unit has a lounge and dining area that is partially separated by a screen, which provides two areas for individual and small group activities. Individual seating can be arranged to provide adequate space and low stimulus areas for the eight-bed unit. The bedrooms are all single allowing space and privacy for residents and families.  The interior of the dementia unit is in the process of being upgraded, with the hallways recently re-wallpapered with a light coloured paper and bright artwork on the walls.  There is a safe and secure outside walking area, seating and shade and raised gardens that is easily accessible for the residents from the lounge/dining areas. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | The facility has five wings and one wing in the dementia area. There are showers and toilets throughout the facility. All resident rooms share communal facilities except for 10 rooms that have ensuites in the rest home/hospital area. There are adequate visitor and staff toilet facilities with appropriate hand drying facilities available. Communal toilets and bathrooms have appropriate signage and easy access locks. The hot water temperatures are monitored monthly. There is evidence of corrective actions taken for water temperatures above 45 degrees Celsius. The previous finding around corrective actions for water temperatures has been addressed. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer (RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.  Infection control data is collated monthly and reported at the infection control committee meeting and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices, identifying trends and corrective actions/quality initiatives. Infection control data is displayed for staff. The infection control programme is linked with the quality management programme. Monthly data is forwarded to head office where benchmarking occurs against other Bupa facilities. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs/NP that advise and provide feedback/information to the service. There have been no outbreaks. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | 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 constitutes restraint and the definition of an enabler. The process of assessment and evaluation of enabler use is the same as a restraint. Enablers are voluntary. An RN is the restraint officer. Staff receive education on the use of enablers and restraint. There were no residents using enablers and one hospital resident with the use of restraint on the day of audit. |

# 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)** |
| Criterion 1.3.12.1  A medicines 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. | PA Low | The medication charts met prescribing requirements. Completed administration signing sheets corresponded with the medication charts. The GP had reviewed six of the 10 medication charts three monthly. | Four of 10 medication charts reviewed did not evidence three monthly GP reviews. | Ensure medication charts are reviewed at least three monthly.  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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| No data to display |

End of the report.