

Bupa Care Services NZ Limited - Mary Shapley Rest Home & Hospital

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:	Bupa Care Services NZ Limited
Premises audited:	Mary Shapley Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 March 2016 End date: 11 March 2016
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:	77



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

Mary Shapley is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 78 residents. On the day of audit there were 77 residents.

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, management, general practitioner and staff.

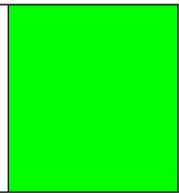
The service is managed by a care home manager and nurse manager. The care home manager and clinical manager are well qualified for their roles. They are supported by a regional operations manager, registered nurses and care staff. The residents and family interviewed spoke positively about the care and support provided.

The service has fully addressed one of four previous findings from the certification audit relating to documentation timeframes.

The service has partially addressed two findings around wound care documentation/management and aspects of medication management.

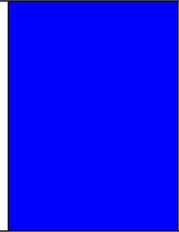
Further improvements continue to be required in relation to care planning interventions, monitoring charts and medication documentation.

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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Interviews with staff and review of documentation evidences that the service endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Residents and their family are provided with information on the complaints process on admission. Complaints are being managed in a timely manner. Staff are aware of the complaints process and to whom they should direct complaints.

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.		All standards applicable to this service fully attained with some standards exceeded.
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Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Mary Shapley is implementing the Bupa organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Quality and risk performance

is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. Ongoing education and training for staff is in place. Registered nursing cover is provided 24 hours a day, 7 days a week.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is a comprehensive admission package available prior to or on entry to the service. Resident records reviewed provide evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files include three monthly reviews by the nurse practitioner or general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medicines records reviewed include documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner/nurse practitioner.

An integrated activities programme is implemented for the rest home and hospital residents. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food preparation and cooking is undertaken on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The service displays a current building warrant 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.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, the service had four residents using restraint in the form of bedrails or lap belts and twelve residents with bedrails as an enabler.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. 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 coordinator 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 ongoing 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	1	13	0	0	3	0	0
Criteria	1	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 complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaints register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. Six complaints were reviewed, (three from 2015 and three from 2016) all document evidence of appropriate and timely follow up with actions taken.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Communication with family members is recorded on the family communication record, which is held in each resident's file and through progress notes.</p> <p>Twelve hospital level and nine rest home level accident/incident forms were reviewed (from February 2016). All incidents/accidents reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. Resident files reviewed, all document</p>

		<p>family involvement when the resident's condition changes and with care planning reviews.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
<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>	CI	<p>Mary Shapley is a Bupa residential care facility. The service currently provides care for up to 78 residents at hospital and rest home level care. Twenty-five beds are designated dual purpose swing beds in the hospital. On the day of the audit there were 77 residents; 33 rest home (including three respite) and 44 hospital including three under YPD contracts.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>Mary Shapley is part of the midlands Bupa region and the managers from this region meet quarterly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly report to the Bupa operations manager. The operations manager teleconferences monthly and completes a report to the director of care homes and rehabilitation.</p> <p>A quarterly report is prepared by the care home manager and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve the services quality goals.</p> <p>Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia and psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia, (e.g., mortality and pressure incidence rates and staff accident and injury rates). Benchmarking of some key indicators with another NZ provider is also in place.</p> <p>The care home manager has been in the role since 2013 and was previously a nurse manager at another Bupa home. The clinical manager has been in the role for eight months. Staff spoke positively about the support/direction and management of the current management team.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
Standard 1.2.3: Quality And	FA	Mary Shapley has implemented the Bupa quality and risk management programme. Interviews with the

<p>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>		<p>manager, clinical manager and staff reflect their understanding of the quality and risk management systems.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes a wide range of data such as; resident falls, infection rates, complaints received, restraint use, pressure areas, wounds and medication errors as examples. The outcomes of data collection are entered onto a central data base. Where outcomes are outside the Bupa limits, an action plan has been implemented.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when service shortfalls are identified and signed off when completed.</p> <p>Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.</p> <p>Falls prevention strategies are in place. A health and safety system is in place. Hazard identification forms and a hazard register are in place.</p>
<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>	FA	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Twelve hospital level and nine rest home level accident/incident forms were reviewed (from February 2016). These incident/accident forms were fully completed. There was RN notification of the incident in a timely manner, follow up and action plans were completed for both the individual resident and for the service where needed. Action plans were viewed for falls, absconding residents and skin tears.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. There are no high grade pressure injuries and no section 31 notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. A register of practising certificates is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant</p>

<p>with good employment practice and meet the requirements of legislation.</p>		<p>information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. New staff are buddied for a period of time (e.g., caregivers two weeks, RN four weeks), and during this period they do not carry a clinical load. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. From this, they are then able to continue with Core Competencies Level 3 unit standards. These align with Bupa policy and procedures.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks and these were able to be linked to incidents and accidents and internal audit outcomes</p> <p>At Mary Shapley, one RN has completed PDRP; eight RNs are currently working on their portfolio with the Bupa Nursing Council approved PDRP. Seven RNs have completed interRAI training.</p> <p>A competency programme is in place with different requirements according to work type (e.g., support work, registered nurse, and cleaner). Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files).</p> <p>RN competencies include assessment tools, BSLs/insulin admin, CD admin, moving & handling, nebuliser, oxygen admin, PEG tube care/feeds, restraint, wound management, CPR and T34 syringe driver.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The clinical manager is on-call after hours with other registered nurses. The care home manager and clinical manager are available during weekdays. Adequate RN cover is provided 24 hours a day, 7 days a week. Sufficient numbers of caregivers support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</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</p>	<p>PA Moderate</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The RN checks all medications on delivery against the medication and any pharmacy errors recorded are fed back to the supplying pharmacy.</p> <p>Registered nurses are responsible for the administering of medications with senior caregivers as second checker as needed. All have completed annual medication competencies and annual medication education. The standing orders have been approved by the GPs annually and meet the legislative requirements for standing orders. There was one self-medicating rest home resident on the day of audit. Self-medicating competency has been completed. The medication fridge has temperatures recorded daily and these are</p>

<p>practice guidelines.</p>		<p>within acceptable ranges.</p> <p>Ten medication charts were reviewed from both the rest home and hospital. Photo identification and allergy status was on all charts. All medication charts had been reviewed by the GP at least three monthly. Eight of ten resident medication administration signing sheets corresponded with the medication chart. Previous findings around medication charts, 'as needed' medication and 'indications for use' and timeframes have been addressed. A shortfall was identified around the GP prescribing and signing for warfarin and nurse signing of controlled drug medication.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Mary Shapley continues to manage the kitchen service as per policy. The kitchen was observed to be clean and well organised. Bupa policies and procedures are in place including a kitchen manual.</p> <p>The service has a large workable kitchen that contains a walk-in pantry, freezer, walk-in chiller, air steam oven, bain marie, microwave, commercial oven and hot plates. There is a preparation area and receiving area.</p> <p>Kitchen fridge, food and freezer temperatures are monitored and documented daily and daily in other areas. Resident annual satisfaction survey includes food and there is also a post admission survey conducted after 6 weeks. Nutrition and kitchen cleanliness audits are undertaken.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen as reported by the kitchen manager. Special diets are noted on the kitchen notice board, which can be viewed only by kitchen staff.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>Long-term care plans reviewed demonstrated service integration and input from allied health. All resident care plans sampled were resident centred. Residents and family members interviewed confirm they are involved in the development and review of care plans. Short-term care plans were in use for acute or short term change in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. This is an improvement on the previous audit. There was evidence of service integration with documented input from a range of specialist care. Shortfalls were evidenced around care plan interventions. This is a continued finding from the previous audit.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	<p>PA Moderate</p>	<p>Interview with the GP evidenced that care provided is of a high standard and GPs are kept informed. Family members interviewed stated the care and support met their expectations for their relative. There was</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>documented evidence of relative contact for any changes to resident health status.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.</p> <p>Wound care plans are in place for all wounds including pressure injuries and wound care plans include assessment and management plan and evaluations. Previous findings around pressure injuries and wound care documentation has been addressed. A review of six files identified that appropriate monitoring was not always documented as completed.</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 is a diversional therapist and an activities officer. Both provide activities in the hospital and rest home. There is also a documented programme of suggested activities that caregivers can initiate with residents and a resource cupboard available at all times. On the day of audit, residents were observed being actively involved with a variety of activities. The programme is developed monthly and displayed in large print.</p> <p>The programme includes networking within the community with social clubs, schools etc. On or soon after admission a Map of Life is developed with the resident and family, which includes previous hobbies, community links, family and interests. An individual activity plan is developed and incorporated into the 'My Day My Way' care plan and information from this is fed into the care plan. This is reviewed six monthly as part of the care plan review/evaluation. A record is kept of individual resident's activities. There are recreational progress notes in the resident's file that the diversional therapist completes for each resident every month.</p> <p>Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans reviewed had been evaluated by registered nurses six monthly. InterRAI assessments have been utilised in conjunction with the six monthly reviews for evaluation. Short-term care plans for short term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The multidisciplinary review involves the RN, GP or NP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. There is at least a three monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>There is a current building warrant of fitness that expires 10 June 2016</p>
<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>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and the DHB laboratory that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff.</p> <p>Infections statistics are included for benchmarking. Corrective actions are established where trends are identified.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, regional restraint meetings and at an organisational level. Interviews with the staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, the service had four residents using restraint in the form of bedrails and/or lap belts and 11 residents with bedrails as an enabler belt. All enabler use is voluntary. Three resident files of enabler use were reviewed. The enabler assessment form was completed and signed by the resident. These had been evaluated at least three monthly. Link to #1.3.5.2 around documenting risks and #1.3.6.1 around monitoring of restraint and enablers.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>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</p>	<p>PA</p> <p>Moderate</p>	<p>Eight of ten medication charts reviewed met legislative requirement. These charts were easy to read and the GP's instruction was clear. Discontinued medications were dated and signed by the GP. All 'as required' medications had an indication for use.</p>	<p>(i) One signing chart for a controlled drug medication was signed at each administration, however the medication prescription chart stated 25 mcg, the controlled drug book recorded 25 mcg had been taken, but the signing chart identified 12.5 mcg was given. (ii) Two resident's taking warfarin were reviewed; one prescription was signed by the practice nurse and 'pp' the GP and one had only one dose signed for and staff had continued to give the same dose (the correct dose) with no prescription.</p>	<p>(i) Ensure staff sign for the correct dosage of medication and (ii) warfarin is correctly prescribed and signed for by the prescriber</p>

legislation, protocols, and guidelines.				60 days
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Moderate	<p>There are processes and systems in place to manage respite and short term residents' admissions. Long-term care plans reviewed demonstrated service integration and input from allied health. Shortfalls continue to be identified around care plan interventions.</p>	<p>(i) One resident admitted for short term care has been admitted for an extended period of time. There are no assessments or care plan interventions for management of behaviours that challenge. (ii) One resident with an enabler did not have this included in the care plan and three residents with bed rails did not have the risks associated with their use in the care plan. (iii) One resident with an increased falls risk did not have this reflected into the care plan or an updated formal assessment for falls (link tracer). (iv) One resident with increasing pain did not have this addressed in the care plan and it was not evidenced through medication chart review that pain had been addressed. (v) One resident with a specific need for the positioning of fentanyl patches did not have this addressed in the care plan and it was not documented in the medication chart.</p>	<p>Ensure residents have care plan interventions for identified needs</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Moderate	<p>The care needs for residents are overall documented in the long-term or short-term care plans (link 1.3.5.2). Discussion with caregivers evidences that they are aware of care and support needs. Registered nurse and the cook were all able to describe the considerable interventions for a resident with weight loss.</p>	<p>(i) The monitoring of enablers and restraints was not consistently documented for three residents with a restraint or an enabler. (ii) One resident with an indwelling catheter did not have the urine output consistently monitored as directed by the care plan. (iii) A referral to the GP was not undertaken as directed following a fall (link tracer). (iv) Turning charts were not consistently completed for two residents. (v) One resident who was losing weight, had no weights documented for three months and no formal weight management plan in place.</p>	<p>Ensure that monitoring is documented as taking place as directed by the care plans. Ensure that requests for GP review are followed up.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	CI	<p>Mary Shapley has fully implemented the Bupa quality system including the quality and risk management process. Monitoring in each area is completed monthly, quarterly, six monthly or annually as designated by the internal auditing programme schedule.</p> <p>Audit summaries and action plans are completed as required depending on the result of the audit. Key issues are documented as discussed at meetings (e.g., quality, staff) and an action plan implemented.</p> <p>Benchmarking reports are generated throughout the year to review performance over a 12-month period. Quality action forms are utilised and documents actions that have improved outcomes or efficiencies in the facility. The service continues to collect data to support the implementation of corrective action</p>	<p>The service continues to maintain continued improvement processes around quality goals and evaluations. The organisational and quality goals are reviewed regularly at the site and at organisational level.</p> <p>The service is proactive with documenting and implementing action plans where the service quality outcomes are outside their set KPI and this process ensures that resident outcomes are improving.</p> <p>An example includes; Falls in October 2015 were noted to be 19. An action plan was put in place and implemented. There is evidence to show that additional training was undertaken, an in-depth falls analysis was undertaken that included times and place of falls and additional toileting was implemented for residents. This has had the result of reducing falls to nine in January 2016. Meetings demonstrate that falls have been a high focus for the</p>

		<p>plans. Responsibilities for corrective actions are identified.</p> <p>There is also a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected. The service is proactive in developing and implementing quality initiatives.</p>	<p>team.</p>
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End of the report.