# Bupa Care Services NZ Limited - Windsor Park Specialist Senior Care Centre

## 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:** Windsor Park Specialist Senior Care Centre

**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: 22 February 2016 End date: 22 February 2016

**Proposed changes to current services (if any):** The service was assessed for providing Residential Disability – physical services

**Total beds occupied across all premises included in the audit on the first day of the audit:** 58

# 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 Windsor Park provides hospital (geriatric and medical), rest home and dementia level care. The service has a capacity for 80 residents with 58 residents accommodated on the day of audit. The service is managed by a care home manager. She is supported by a unit coordinator who has been in the role for one year. 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, general practitioner and staff.

The service has also been verified at this audit as suitable to provide residential disability – physical services.

The service has addressed all nine findings identified at the previous certification audit relating to complaints management, embedding the quality and risk management system, analysing and evaluating outcomes data, corrective action plans, the health and safety programme, staff training on dementia, care plans, chemical safety and the definition of enablers.

This surveillance audit identified that improvements are required around annual staff appraisals, the activities programme in the dementia unit and aspects of medication management.

## 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. 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. |  | Some standards applicable to this service partially attained and of low risk. |

Windsor Park has implemented the Bupa quality and risk management programme. The Bupa strategic and quality plan includes quality and health and safety goals for 2016. 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. 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. There is a roster that 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 medium or high risk and/or unattained and of low risk. |

The sample of residents’ records reviewed provides evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/EPOA input. Care plans demonstrate service integration. Care plans are reviewed six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals. Medication policies and procedures are in place to guide practice. Education and medicines competencies are completed by all staff responsible for administration of medicines.

The activities programme is facilitated by one diversional therapist. The activities programme provides varied options and activities are enjoyed by the residents in the rest home and hospital. Community activities are encouraged; van outings are arranged on a regular basis.

All food is cooked on site by the in house cook and the menu has dietician input. All residents' nutritional needs are identified, documented and choices available and provided. Meals are well presented.

## 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. |

The service endeavours to implement the Bupa restraint minimisation policy. Restraint education has been provided. There are no residents with enablers and five residents with restraint. Policies aligns with the standard and states that enablers are voluntary. A restraint register is maintained.

## 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 officer (unit manager) is responsible for collating monthly infection rates. The infection control officer 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 | 14 | 0 | 1 | 2 | 0 | 0 |
| **Criteria** | 0 | 37 | 0 | 1 | 2 | 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 complaints policy and procedures 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 the entrance of the service. 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. All lodged complaints have been acknowledged, investigated and responded to. There have been three complaints recorded for 2015, and three for 2016 to date. All are well documented including investigation, follow up and resolution. The service has addressed this previous finding. Seven residents (five rest home and two hospital) and family members advised that they were aware of the complaints procedure and how to access forms. The Ministry requested follow up against aspects of a complaint lodged in July 2015 through the Health and Disability Commissioner. Standards included in the complaint follow up related to quality and risk management systems and policy, adverse event reporting, training and education, timeliness of treatment, care planning and nutrition and food management. In response to the complaint the service has provided specific training for staff, has developed an audit tool to assess specific areas relating to the complaint, has ensured that all incidents and accidents are reported appropriately and has made improvements to care planning documentation and food service. There were no issues identified in respect of this complaint at this audit.  |
| Standard 1.1.9: CommunicationService 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. Three family members interviewed (one younger person with disability (YPD) rest home, one hospital and one dementia) confirmed they were notified following a change of health status of their family member. The care home manager implements an ‘open door’ policy and communication is maintained. There was an interpreter policy and contact details of interpreters were available. |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Bupa Windsor Park is certified to provide rest home, hospital (geriatric and medical), and dementia level care for up to 80 residents. On the day of audit there were 58 residents – 24 rest home, 21 hospital and 13 residents in the dementia unit. Included in the 58 residents were six residents under the age of 65 – one in the dementia unit, two hospital residents and three rest home residents. The two hospital and three rest home residents are on younger persons with disability contracts. There were no respite residents and no residents under the medical component. The service has been assessed as appropriate for providing younger persons with disability services – physical. Bupa's overall vision is "Taking care of the lives in our hands". There are six key values that are displayed. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Bupa Windsor Park has set specific quality goals for 2016. 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. 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. Windsor Park is benchmarked in three of these.The service is managed by a registered nurse (RN) who has been the care home manager at Bupa Windsor Park for one year. She is supported by a unit coordinator who has also been in the role for one year. Both staff have worked at Windsor Park as registered nurses prior to their appointments. 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. |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The Bupa strategic plan for 2012-2015 has been completed. The new strategic plan for 2016 – 2019 is in draft form and is due for release by the operational management team. There is a quality management programme for Bupa Windsor Park with risk management plans documented. Goals and objectives for 2016 have been developed for Windsor Park and the quality plan for 2015 has been reviewed. The previous finding has been addressed and monitored. Quality improvement initiatives for Bupa Windsor Park have been documented and are developed as a result of feedback from residents and staff, audits, benchmarking, and incidents/accidents. The service has addressed this previous finding. 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. Internal audits have been completed as per schedule for 2015 and for 2016 year to date. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. The service has addressed this previous finding. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. Health and safety goals are implemented for each Bupa service. Three staff representatives have completed stage one of a health and safety training programme. Hazards are recorded and a hazard register for each area of service is maintained. This is updated monthly. The service has addressed and monitored this previous finding. Falls prevention strategies are implemented for individual residents and staff have received training to support falls prevention. 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. The resident/relative survey conducted in 2015 showed a result of 90% overall satisfaction. The service scored highly in areas of getting to know the resident, providing well trained staff, and providing a home-like environment. Areas requiring improvement (activities and food service) have a corrective action plan developed and being implemented.  |
| 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 and analysed and benchmarked through the Bupa benchmarking programme. A sample of resident related incident reports for November and December 2015 and January 2016 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. There is documented evidence of family notification following incidents/accidents. The provider is aware of their obligations in regards to essential notifications. In 2016, the care home manager has reported one grade III pressure injury to the ministry of health under section 31.  |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | PA Low | There are organisational policies to guide recruitment practices and documented job descriptions for all positions. Appropriate recruitment documentation was seen in the six staff files reviewed (unit coordinator, one registered nurse, one diversional therapist (DT), one cook/caregiver and two caregivers). A register of practising certificates is maintained. None of the staff files reviewed had current performance appraisals. Interviews with caregivers confirmed that management are supportive and responsive. There is an annual training plan that 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. The education programme in 2015 and 2016 included training sessions for staff relevant to caring for younger people with disabilities. For example, sexuality and intimacy, orientation, cultural safety, continence, safe moving and handling, person centred care and personal best, privacy and dignity, choking nutrition and dysphagia. There are 19 caregivers and one DT who work in the dementia unit. Eighteen caregivers and the DT have completed the required dementia unit standards. One caregiver is in the process of completing and has been employed for less than 12 months. The service has addressed this previous finding.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. Bupa Windsor Park 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 are casual staff and bureau staff available. The care home manager, unit coordinator and registered nurses oversee the clinical care of residents. There is a minimum of one registered nurse on duty each shift. Registered nurses and caregivers advise that sufficient staff are on duty for each shift. Interviews with residents and relatives confirmed staffing overall was satisfactory.  |
| 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 Moderate | Bupa has comprehensive medication policies and procedures in place.Medication storage and administration follow safe guidelines in the rest home and hospital. However, in the dementia unit there is an area for improvement around ensuring that correct storage of topical medicines are adhered, as per Bupa policy. Medication reconciliation is completed on admission and the policy includes guidelines on checking medications on admission.All staff administering medication have completed an annual medication competency.Twelve medication charts were reviewed (four rest home, four hospital level and four dementia care). They were legible and meet legislative guidelines. Twelve of the twelve medication charts sampled have photographic identification. Signing on administration was up to date, including ‘as required’ medications (PRN). All PRN medications had indication for use identified on the medication chart. There were shortfalls noted around documenting resident allergies and GP reviews. All medication charts reviewed had been signed and dated by the prescribing officer. All medications prescribed to be administered regularly were signed as being administered regularly. On day of audit there were no resident’s self-medicating. Weekly medication checks documented. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | All meals at Windsor Park are prepared and cooked on site. There is a four weekly menu which had been reviewed by a dietitian. Meals are prepared in a well-appointed kitchen adjacent to the rest home dining room and served directly to rest home residents. Hospital and dementia care residents are provided with meals served from small kitchens adjacent to their dining rooms. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Temperatures of food prior to serving were recorded, as were fridge and freezer temperatures. Staff were observed assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the registered nurse or unit co-ordinator. Supplements are provided to residents with identified weight loss issues. The cook was aware of resident with weight issues and described interventions to ensure weight loss was minimised. Weights are monitored monthly or more frequently if required and as directed by a dietitian/GP. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. |
| 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 changes, the registered nurses initiate a review and if required, GP or specialist consultation. The caregivers interviewed stated that they have all the equipment referred to in care plans and necessary to provide care. All staff report that there are always adequate continence supplies and dressing supplies. Residents and families interviewed were complimentary of care received at the facility.The care being provided is consistent with the needs of residents; this is evidenced by discussions with three caregivers, three families interviewed, one registered nurses and unit co-ordinator. There is a short-term care plan that is used for acute or short-term changes in health status. Dressing supplies are available and a treatment room is stocked for use.Wound assessment and wound management plans are in place for seven residents. There are two pressure injuries identified in the service. All wound assessments have completed short term care plans describing appropriate interventions. All wounds have been reviewed in the timeframes.  |
| Standard 1.3.7: Planned ActivitiesWhere specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | PA Moderate | There is one diversional therapist who works in the rest home, hospital and dementia unit who works 40 hours, providing five days a week cover. There is also an activity assistant who assists with activities, including van trips, on a casual basis.There is a full and varied activities programme in place for the rest home, including resident’s under 65, and hospital, which is appropriate to the level of participation from residents’. On the day of audit residents in both areas were observed being actively involved with a variety of activities. The programme is developed monthly and displayed in large print in communal areas and resident bedrooms. It was not clear how many specific hours of activities are included in the dementia unit. Residents and families interviewed voiced their satisfaction for the activities programme and felt that recreational needs were being met. Residents have an activities assessment completed over the first few weeks. Resident files reviewed identified that the individual activity plan is reviewed six monthly in the rest home/hospital.  |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans are reviewed and evaluated by an RN at least six monthly, or as changes to care occur as sighted in all care plans sampled. All initial care plans are evaluated by the RN within three weeks of admission. There is documentation evidence of family and/or resident involvement at these evaluations. Documentation on clinical notes evidence review by the GP at least three monthly.There are short term care plans to focus on acute and short-term issues. From the sample group of residents' notes the short-term care plans are generally well used and comprehensive. Examples of short-term plan use included; infections, wounds and around food and fluid intake. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | The previous audit identified that chemical use and storage did not meet requirements. The service has purchased new cleaning trolleys which have a lockable compartment on them. Two cleaning trolleys evidenced that all products were appropriately labelled and were stored securely on the trolleys. The cleaner’s storage room was locked when not in use. Material safety data sheets are available and the hazard register is current. Cleaner’s trolleys were not observed to be left unattended. The service has addressed this previous finding. |
| 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 6 August 2016. One wing of the facility is currently closed for refurbishment. There is sufficient equipment available for residents under the YPD contracts. Younger persons on physical disability contracts have their own personal equipment including wheelchairs, and are not used for other residents. The facility is accessible to meet the mobility and equipment needs of people receiving YPD services.  |
| Standard 3.5: SurveillanceSurveillance 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 unit coordinator is the infection control officer with support from the care home manager. Information obtained through surveillance is used to determine infection control activities, resources, and education needs within the facility. Infection control is discussed as part of the quality management meeting.Infection control data is collated monthly and reported at the quality/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 GP's who advise and provide feedback /information to the service. There have been no outbreaks reported since the previous audit.  |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | The service has documented systems in place to ensure the use of restraint is minimized. Policies and procedures include definitions of enablers that are congruent with the definition in NZS 8134.0. Enablers are voluntary. The service has addressed the previous audit finding. There were no residents with enablers. Five residents have restraint in use which includes two hospital residents with lapbelts, two YPD rest home residents with lapbelts, and one dementia resident who has been assessed for a table top chair. The chair table is only used to encourage the resident to sit and eat. Advised by the unit coordinator (restraint coordinator) that the resident is not left unattended when in the chair and it is only used at meal times. Restraint is discussed via the quality, infection control and restraint meeting. Training has been provided around restraint minimisation, enablers and de-escalation techniques.  |

# Specific results for criterion where corrective actions are required

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

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.5A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | There is a training plan for 2016 that is being implemented. Education for staff takes place as scheduled in-service sessions, tool box talks, opportunistic education at handover times and through on-line and DVD media. Additional education topics have been provided in response to a complaint received from the HDC including documentation, safe feeding of residents, and management of short stay residents and complaints management. Six staff files reviewed did not evidence that all had current appraisals completed. The care home manager advised that she is working through the backlog of appraisals. | Six of six staff files reviewed did not evidence that annual staff appraisals have been conducted. | Ensure that all employees have an annual appraisal conducted.180 days |
| Criterion 1.3.12.1A 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 Moderate | There are clear BUPA policies around safe storage of all medication and requirements for medication chart documentation. The storage of medications were in a secure and safe environment. There were no expired medications and all eye drops were dated upon opening. Eleven medication charts evidenced the recording of allergies or nil known allergies. | i)Five pots/containers of (decanted) fatty crème and oil for ears found in dementia unit medication cupboard were unlabelled and without dates; ii) Three of twelve medication charts reviewed did not document regular three monthly GP reviews; and iii) four of twelve medication charts reviewed did not evidence allergies, or nil known allergies. | i)Ensure that all medication is in the original container and not decanted into separate pots; ii) Ensure the GP signs and dates the medication charts each time a GP review is completed; and iii) Ensure that all resident allergies, or nil known allergies, are documented on the medication charts.30 days |
| Criterion 1.3.7.1Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | PA Moderate | There are policies and procedures around the provision and delivery of meaningful activities for rest home, hospital and dementia level residents. While caregivers and the activity staff interviewed could describe the activities provided in the dementia unit, there was no specific activity planner documented.  | i)There is no set, planned activities programme specifically for dementia residents; and ii) specific 24 hour care plans for activities/diversional therapy was not documented in the two dementia files reviewed.  | i)Ensure that there is a specific activities programme designed for dementia care residents; and ii) Ensure there are individualised 24 hour activity care plans developed for dementia care residents.90 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.