

Bupa Care Services NZ Limited - Hillsborough Hospital

Introduction

This report records the results of a Partial Provisional Audit; 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: Hillsborough Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric)

Dates of audit: Start date: 30 March 2016 End date: 31 March 2016

Proposed changes to current services (if any): Provision of services to include rest home level of care, with the use of 10 of the existing 47 hospital beds for dual purpose.

Total beds occupied across all premises included in the audit on the first day of the audit: 44

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.

General overview of the audit

Bupa Hillsborough currently provides hospital - medical/geriatric level of care for up to 47 residents. On the day of audit there were 44 residents. The facility has an interim care pathway contract with the DHB.

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, management and staff.

A partial provisional audit was also undertaken to review the suitability of converting 10 of the 47 hospital beds to provide rest home level of care (dual purpose).

The service has addressed one of two shortfalls from the previous certification audit around medication documentation. Further improvements remain around documented interventions.

This audit identified improvements are required in linking the use of enablers to care plans.

Consumer rights

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. All lodged complaints are documented in the complaints register and managed appropriately.

Organisational management

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. Corrective actions have been implemented where opportunities for improvements are identified. A risk management programme is in place, which includes managing adverse events and health and safety processes.

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 is in place for staff. Registered nursing cover is provided 24 hours a day, 7 days a week. Interviews with the residents and relatives confirmed staffing overall was satisfactory.

Continuum of service delivery

The registered nurses are responsible for each stage of service provision. The assessments, care plans and evaluations are completed within the required timeframes. InterRAI assessments are utilised. Residents and relative interviewed confirm they participate in the care planning process. There is evidence of allied health involvement in resident care. The general practitioner reviews residents at least three monthly.

The activity programme is varied and appropriate to the level of abilities for residents at hospital level of care. Community links are maintained. Entertainment and outings are provided. Spiritual and cultural needs are met.

Medications are managed, stored and administered in line with medication requirements. Medication training and competencies are completed by all staff responsible for administering medicines. Medication charts evidence three monthly reviews.

Food is prepared on-site with individual food preferences and dietary requirements assessed by the registered nurses. Alternative choices are offered for dislikes.

Safe and appropriate environment

Policies and procedures are in place for the management of waste and hazardous substances. Adequate supplies of personal protective equipment are available.

A current building warrant of fitness is posted in a visible location. Reactive and preventative maintenance occurs.

Toilet and shower areas are adequate in size and number. The bedrooms are spacious enough to manoeuvre with mobility aids and transferring equipment. There is safe access to communal areas and outdoor spaces.

The service has emergency management policies and civil defence supplies available. There is a first aider on duty at all times.

Cleaning and laundry services are done on-site. There are adequate areas available for the safe storage of chemicals.

Restraint minimisation and safe practice

A registered nurse is the restraint coordinator for the service. Enablers are voluntary and the least restrictive option. There were three residents who had consented to use enablers. There was one resident with restraint. Care staff has received training in restraint/enabler use and challenging behaviour.

Infection prevention and control

The infection control coordinator (registered nurse) and infection control officer (clinical manager) oversee infection control activities for the service. Information obtained through surveillance is used to determine infection prevention and control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities. There have been no outbreaks.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	22	0	1	1	0	0
Criteria	0	54	0	1	1	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager using a complaints register. Documentation includes acknowledgment letters and follow-up letters that demonstrates complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner. Follow-up documentation to the complainant includes information relating to the Health and Disability Advocacy Service.</p> <p>Discussions with five residents and relative confirmed they were provided with information on complaints and complaints forms. Complaints forms and suggestion boxes are placed in visible locations.</p> <p>Eight complaints received in 2015 that were reviewed, reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken. There have been no complaints to date for 2016. All complaints were signed off by the care home manager as resolved.</p>
Standard 1.1.9: Communication	FA	Policies and procedures relating to accident/incidents, complaints and open

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in the front of each resident's file.</p> <p>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Accident/incident forms that were reviewed identified family are kept informed. One relative interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is 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>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>	<p>FA</p>	<p>Bupa Hillsborough care home currently provides hospital (geriatric and medical) level care for up to 47 residents. On the day of audit, there were forty-four residents which included two younger persons under the long term chronic health condition contract (medical), one respite care resident and three residents under the interim care pathway (orthopaedic) contract. All other residents were hospital level under the ARCC agreement. The service has an interim care pathway contract with the district health board.</p> <p>There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan.</p> <p>The care home manager is a registered nurse who commenced her employment in October 2015. Bupa provides a comprehensive orientation and training/support programme for their managers. The care home manager completed orientation with a roving facility manager and is currently attending the Bupa leadership management course.</p> <p>The care home manager is supported by a clinical manager (CM) who has been employed at the facility for three weeks. The CM has worked with Bupa for four years. The CM is currently completing orientation to the CM role. The care home manager and CM are supported by a Bupa Regional Manager, director of nursing and registered nursing team.</p> <p>Care home managers and clinical managers attend annual organisational forums and six-monthly regional forums.</p>

		<p>A partial provisional audit was completed at this audit to include rest home level of care under their current certification. The business case has been directed from head office. Ten of the existing forty-seven hospital level beds are to become dual purpose. The reconfiguration of beds will be 37 hospital beds and 10 dual purpose beds.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>Partial Provisional</p> <p>During a temporary absence, the clinical manager or Bupa relieving facility manager covers the care home manager's role. The service is supported by the Bupa Operations Manager. There will be no changes to the management team with the inclusion of rest home level of care to the services provided at Bupa Hillsborough.</p> <p>The organisation has well developed policies and procedures that are implemented at a service level and an organisation plan/processes that are structured to provide appropriate care to people who use the service including residents that require hospital (geriatric and medical) and rest home care.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A quality and risk management programme in place. Interviews with the care home manager, clinical manager and seven staff (three caregivers, two RNs, one activity coordinator and one chef) reflect their understanding of the quality and risk management systems that have been put into place.</p> <p>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 - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. There is monthly monitoring, collation and evaluation of quality data. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality data is benchmarked against other similar Bupa facilities. Corrective actions are being implemented and signed off by the care home manager or clinical manager when completed. The annual survey is in progress.</p> <p>Falls prevention strategies are in place that includes the analysis of falls events</p>

		and the identification of interventions on a case-by-case basis to minimise future falls. A health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety Plan. Health and safety goals are reviewed annually. Hazard identification forms and a hazard register are in place. The organisation holds tertiary accreditation by ACC for their workplace safety management programme.
<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 (link 1.3.6.1).</p> <p>Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Sixteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The manager was aware of their requirement to notify relevant authorities in relation to essential notifications. A category one incident for a fall with injury was reported to the relevant authority. There have been no outbreaks.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. A register of RN practising certificates is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g. RN, support staff) and includes documented competencies. Six staff files were reviewed (including two RNs, two caregivers, one activity coordinator and one kitchen hand). All files contained recruitment and employment documentation including annual appraisals.</p> <p>The registered nurses have access to external education. Qualified staff are in the process of completing their portfolio on the Bupa Nursing Council approved professional development recognition programme (PDRP). Staff completes competency assessments relevant to their role. Care staff have completed dementia unit standards.</p>

		<p>There is an annual education schedule that is being implemented that meets the contractual training requirements. In addition, opportunistic education is provided by way of toolbox talks. The service has initiated “fortnightly focus” sessions on educational topics for staff who have been unable to attend in-service. Full training days have commenced to ensure all staff attends mandatory education.</p> <p>Partial provisional:</p> <p>The orientation, education and training programmes that are currently in place meet contractual requirements.</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>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. The care home manager and clinical manager are on-site Monday to Friday and provide on call.</p> <p>Adequate RN cover is provided 24 hours a day, 7 days a week. RNs are supported by sufficient numbers of caregivers. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p> <p>Partial Provisional</p> <p>The roster will remain the same as the resident bed numbers will remain the same. An additional activity assistant will be employed when there are 10 rest home residents (link 1.3.7)</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All registered nurses (RN), clinical manager and some senior caregivers have completed an annual medication competency and attend medication education. All medication packs were checked on delivery against the medication chart by the RN and any discrepancies feedback to the supplying pharmacy. Two RNs interviewed were able to describe their role in regard to medicine administration. Standing orders are current. There were no self-medicating residents. All 10 medication charts sampled met legislative prescribing requirements for regular medication and as required medications including indication for use. Medication signing sheets correspond with the medication orders and signing meets legislative requirements. The service has addressed the previous finding. The 10 medication charts sampled identified that the GP had reviewed the medications. Anti-psychotic management plans are used</p>

		<p>for residents with dementia when medications are commenced, discontinued or changed.</p> <p>Partial provisional:</p> <p>The medications are stored in one central medication locked room. Registered nurses/senior caregivers have current medication competencies and will be responsible for medications in the rest home/hospital unit.</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>	FA	<p>All meals at Bupa Hillsborough are prepared and cooked on-site. There is a four weekly seasonal menu which has been reviewed by a dietitian. Meals are plated and delivered directly to the dining room adjacent to the kitchen. Dietary needs are known with individual likes and dislikes accommodated. Ethnic food preferences are met. Pureed, mince/moist and diabetic meals are provided. Fortified foods and high calorie foods are provided for residents with weight loss. The dietitian is readily available for advice.</p> <p>Staff were observed assisting residents with their meals and drinks in the hospital dining room. Resident/family meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were complimentary of the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded on each meal. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. Cleaning schedules are maintained. Staff were observed to be wearing correct personal protective clothing.</p> <p>The kitchen manager (interviewed) is a fully qualified chef. All food services staff have completed food safety and hygiene training and chemical safety.</p> <p>Partial provisional:</p> <p>The service is fully equipped and prepared to provide rest home level care.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services</p>	PA Moderate	<p>A written record of each resident's progress is documented. When a resident's condition changes, the RN initiates a GP or nurse specialist visit. Changes in condition are evidenced in residents' progress notes. Short-term care plans are</p>

<p>in order to meet their assessed needs and desired outcomes.</p>		<p>used for the management of short term needs. Not all interventions/supports to meet the resident's current needs were documented. The previous finding remains regarding documented interventions.</p> <p>Dressing supplies are available and dressing trolleys were well stocked for use. Wound initial assessment plans and wound evaluations were completed for four minor wounds and one chronic wound. There were no pressure injuries.</p> <p>Continence products are available and specialist continence advice is available as needed.</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>The service employs an activity coordinator for 32 hours per week (Monday to Friday) to implement the activity programme. The activity coordinator has been in the role since June 2015 and is currently progressing through the diversional therapy (DT) qualification. There is a Bupa occupational therapist and DT at head office. Twice yearly DT education days are held for all activity persons. The hospital activity programme has set Bupa activities with the flexibility to add other activities that meet the recreational abilities and preferences of the resident group. A beauty parlour has been set up where one on one activities such as massage, foot spa and nail therapy are offered. Feedback forms are used for all new activities introduced. Themes and events are celebrated involving residents and all staff and family. Entertainers, community visitors and pets visit the home. There are regular outings and drives into the community. The activity coordinator has a current first aid certificate. Church services are held weekly. Caregivers initiate planned activities for the weekend as directed.</p> <p>Activity assessments and map of life were completed on admission in the resident files sampled. Activity plans are incorporated into the 'my day my way' care plan and are reviewed at the same time. There are resident/family forums that allow for feedback on the activity programme.</p> <p>Partial provisional</p> <p>A draft activity plan has been developed for rest home residents to meet their higher level of physical abilities such as increase in exercise sessions, handcrafts and an increase in outings into the community and involving the mobile library (link 1.2.8).</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Initial care plans are evaluated within three weeks of admission. There is documented evidence of a multidisciplinary team review including the resident (where appropriate) and family involvement on the review of the initial and long-term care plans. All care plans sampled were reviewed and evaluated by the registered nurses. There were written evaluations evident in the residents' files. A multidisciplinary team meeting is conducted six monthly for each resident and involves all relevant personnel.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Partial provisional</p> <p>There are policies and procedures on waste management and chemical safety. Management of waste and hazardous substances is covered during orientation for new staff and chemical safety is included as part of the annual in-service programme.</p> <p>Chemicals were stored safely throughout the facility. Chemicals sighted were labelled. Safety data sheets were available. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Relevant staff have attended chemical safety.</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>	FA	<p>A current building warrant of fitness is posted in a visible location (expiry date 22 December 2016).</p> <p>Partial provisional:</p> <p>Reactive and preventative maintenance occurs. Resident rooms are refurbished as they become vacant. Electrical equipment is checked annually. All medical equipment was calibrated including hoists, electric beds and chair scales.</p> <p>Outdoor areas are easily accessible and safe. Outdoor seating and shade is provided.</p> <p>Caregivers interviewed state they have all the equipment required to provide the care documented in the care plans. New transit wheelchairs have been purchased.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	FA	<p>Partial provisional</p> <p>Forty of the forty-seven rooms have full ensuite facilities. All resident rooms have a hand basin. There are communal shower rooms available with vacant/engaged slide signs.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Partial provisional:</p> <p>The 47 resident rooms have been certified for hospital level of care and meet the requirements for dual purpose. Any of the resident rooms have adequate space and can be used for rest home/hospital level of care.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Partial provisional:</p> <p>There is an existing spacious dining and lounge area with age appropriate seating and furnishings. There is a second smaller combined dining and lounge area that is suitable for rest home residents to access as desired. There is tea making facilities for visitors of rest home residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Partial provisional:</p> <p>All linen and personal clothing is laundered off-site. The laundry (personal's only) is well equipped with a defined dirty and clean area and entry and exit doors. The chemical product supplier conducts regular quality control checks on the effectiveness of chemicals used and the washing machine cycles. Chemicals are stored safely. Personal protective equipment is available in the laundry, cleaning and sluice room. Staff are observed to be wearing appropriate protective wear. Five residents interviewed expressed satisfaction with the laundry and cleaning services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response</p>	FA	<p>Partial provisional:</p> <p>Appropriate training, information and equipment for responding to emergencies are provided. Staff training in fire safety occurs and drills are held six monthly. The</p>

during emergency and security situations.		service has an approved fire evacuation plan. There is a first aider on duty at all times. There are comprehensive civil defence and emergency procedures in place. The facility is well prepared for civil emergencies and has emergency lighting and BBQ's. A store of emergency water is kept. Emergency food supplies sufficient for at least three days are available. The call bell system is available in all bedrooms and communal areas.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	Partial provisional: The facility has ceiling heating throughout communal areas and corridors. Each bedroom has an individual heating panel. All communal rooms and bedrooms are well ventilated and light.
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 coordinator and infection control officer (shared role) use the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Infections are included on a monthly register and entered into an online system for benchmarking against other Bupa facilities. Trends are identified and corrective action plans developed for infection rates above the quality indicators. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is reported at the quality, infection control committee and staff meetings.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	PA Low	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. A registered nurse is the restraint coordinator. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers. Staff receive training in restraint use and challenging behaviours and complete annual competencies. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, the service had three residents using enablers and one resident with restraint. A shortfall was

		identified around the documentation of enablers.
--	--	--

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 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>Residents interviewed confirmed their needs were being met. Care staff stated they are informed at handover of any changes to a resident's health status. Resident changes were not always documented for all files reviewed.</p>	<p>There were no documented interventions to reflect the resident's current health status for: (i) one resident identified as high risk of pressure injury. An appropriate pressure injury prevention plan was not recorded. The same resident did not have early warning signs and symptoms for a known illness and there were no interventions for altered behaviour; (ii) the care summary had not been updated to reflect the residents current skin integrity (link tracer 1.3.3); (iii) there was no documented treatment and management plan for an insulin dependent resident; and (iv) five of seven neurological observations sighted for unwitnessed falls/head injuries were not fully completed as per protocol.</p>	<p>(i), (ii) and (iii) ensure interventions are documented to reflect the resident's current health status. (iv) Ensure neurological observations are completed as per protocol.</p> <p>60 days</p>

<p>Criterion 2.1.1.4</p> <p>The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	<p>PA Low</p>	<p>Care staff were able to describe the use of enablers. The three files of residents using enablers were reviewed. However, not all care plans identified the use of an enabler. Enabler assessments and voluntary consents were sighted in all files.</p>	<p>Two out of three files reviewed did not identify the use of an enabler in the care plan/care summary</p>	<p>Ensure the use of an enabler is linked to the care plan and care summary</p> <p>90 days</p>
--	---------------	---	---	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.