

# Bupa Care Services NZ Limited - The Gardens Rest Home and 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	The Gardens Rest Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 29 March 2016 End date: 30 March 2016
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	50



# 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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

The Gardens Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 57 residents at hospital and rest home level care. There were 50 residents on the days of the audit.

The care home manager has been in the role since December 2014 and was previously a deputy manager at another Bupa facility. The care home manager is supported by a clinical manager who has been in the role at The Gardens since 2009. There is also a newly appointed unit coordinator.

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.

The service has addressed ten of twelve findings from their previous surveillance audit in relation to complaints, audits and action plans, incident and accident forms, human resources documentation, timeliness of care plans and assessments, restraint and aspects of medication documentation.

Further improvements are required in relation to care plan interventions and aspects of medications management. This audit has identified improvements required around monitoring of care and communication with kitchen services.

## 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.

Communication with residents and families is appropriately managed. There is an up-to-date complaints register. Complaints are actioned and include documented response to complainants.

## 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.

Standards applicable to this service fully attained.

The Bupa strategic and quality plan is being implemented with new quality goals developed for 2016. The service continues to implement the Bupa quality process. Corrective actions are identified following internal audits. Quality meetings and other facility meetings are held. Benchmarking occurs within the organisation and with an external benchmarking programme. Health and safety policies, systems and processes are implemented to manage risk. 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 and covers relevant aspects of care and support. Human resources policies are in place to determine staffing levels and skill mixes. Staffing levels meet contractual requirements.

## 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>		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

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 general practitioner. There is evidence of other allied health professional input into resident care. Care plans demonstrate service integration. Medication policies and procedures are in place to guide practice. The activities programme is facilitated by an activity coordinator and an activity assistant. All food is cooked on-site by the in-house cook.

## 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.
--	--	--

There is a current building warrant of fitness displayed.

## 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.

Restraint minimisation and safe practice policies and procedures are in place. Staff receives training in restraint minimisation and challenging behaviour management. On the day of audit, there was one resident with restraint and one with 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 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. Infection statistics are included for benchmarking.

## 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	14	0	2	2	0	0
Criteria	0	38	0	2	2	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>Complaints and compliment forms are available to residents and family in the service foyer. The care home manager maintains a record of all complaints, both verbal and written, by using a complaints register. This is an improvement on the previous audit. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with Bupa guidelines and 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. Relatives inform that the care home manager is always available to discuss problems. Three complaints received in 2016 were reviewed with evidence of appropriate follow-up actions taken.</p>
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	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. Interviews with three relatives (two hospital and one rest home) and six residents (three hospital and three rest home) confirms that both residents and family feel the services communicated well. Evidence of communication with family/whānau is recorded on the family/whānau</p>

		<p>communication record, the progress notes and MDT meetings, which are held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. A selection of nine resident related accident/incident forms reviewed from February 2016, identified family are kept informed. An interpreter policy and contact details of 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><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Gardens Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 57 residents at hospital and rest home level care. On the day of the audit, there were 50 residents (20 hospital residents and six rest home residents in the hospital wing dual purpose beds and 24 rest home residents in the 24 bed rest home wing). There were three residents under the younger person disabled (YPD) care contract at hospital level and five residents under the respite/short stay contract (four hospital and one rest home).</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>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 December 2014 and was previously a deputy manager at another Bupa facility. The clinical manager has been in the role at The Gardens since 2009. There is also a newly appointed registered nurse (RN) unit coordinator. 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>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented,</p>	FA	<p>The Gardens is implementing the Bupa quality system. Both the care home and clinical manager were able to demonstrate their understanding of the quality and risk management systems. This audit compared the service implementation of the</p>

<p>and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>quality system with the documented Bupa system and schedules. The service has undertaken audits according to the calendar. All audits reviewed had an action plan that had been signed off as completed or had documented ongoing review to ensure compliance. Audit outcomes were directly linked to meetings such as the RN, staff and quality meetings to evidence good communication and discussion of outcomes. Toolbox talks (additional training sessions) were documented where additional training was needed following audits. The service has addressed this previous audit finding.</p> <p>Monthly reports around incidents and accidents and infection control are collated and reported monthly. Where the data reports are greater than the benchmarked Bupa upper limits (red flags), the service has documented action plans to address the issue. Examples include; high skin tears. January/February have an action plan that is addressing the incidents and a specific falls plans to reduce falls in one resident file reviewed. Action plans are documented as followed up and reported to meetings. The service has addressed this previous audit finding.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>There is service specific quality, health and safety, resident care, staff management and business goals documented. These goals are integrated into quality and other meetings and are reported against to the operations manager.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, restraint use, pressure areas, wounds and medication errors. Quality and risk data, including trends in data and benchmarked results are discussed in staff meetings. 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><b>Standard 1.2.4: Adverse Event Reporting</b></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>	<p>FA</p> <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. Quality, staff and RN meetings all document that incident forms are an agenda item and discussed at meetings.</p>

		<p>Nine incident forms were reviewed from February 2016. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse with clinical and neurological observations conducted where required. Progress notes have been completed and care plans updated following an incident or accident. The service has implemented a new process whereby resident related incident forms now include documented RN evaluation of the resident over two days. The service has addressed this previous audit finding.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. No section 31 notifications have been completed in the last year.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></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 human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (two RNs, one clinical manager and three caregivers) 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 information for safe work practice. The orientation programme is developed specifically to worker type and includes documented competencies as evidenced in the sample of files reviewed. Orientation records were completed in the files reviewed. Caregivers and RNs interviewed confirmed that they had an orientation on commencement of employment. This is an improvement on the previous audit.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. The caregivers undertake aged care education. Education and training for clinical staff is linked to external education provided by the district health board.</p> <p>Registered nurses are encouraged to complete professional development portfolios. Four RNs have completed interRAI training and one is in the process of completion.</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). The service maintains a spreadsheet of staff competencies, when they are due and if completed. This spreadsheet and a review of the six staff files evidences that clinical competencies are all up to date</p>

		for staff. This is an improvement on the previous audit.
Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	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.
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	<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 chart and any pharmacy errors recorded are fed back to the supplying pharmacy.</p> <p>Registered nurses, enrolled nurse and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. This previous audit finding has been addressed.</p> <p>The standing orders have been approved by the GPs annually and meet the legislative requirements for standing orders. There was one self-medication rest home resident on the day of audit. Self-medication competency, three monthly reviews and monitoring was in place. The medication fridge has temperatures recorded daily and these are within acceptable ranges.</p> <p>Twelve medication charts were reviewed (a mixture of rest home and hospital). The previous findings relating to transcribing, photo identification, identification of allergies and 'as required' medication indications for use have all been addressed. All medication charts had been reviewed by the GP at least three monthly.</p> <p>The previous finding around staff signing for non-packaged medication remains open. Not all medication charting by general practitioners meets the required guidelines.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	PA Low	<p>The national menus have been audited and approved by an external dietitian. The service employs a kitchen manager and kitchen assistants. Fridge and freezer temperatures are monitored and documented daily in the kitchen. All food containers are labelled in the kitchen. Meals are prepared in the kitchen and delivered to the dining room. Dry goods are stored in dated, sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>The kitchen manager receives dietary information for new residents. However, the dietary needs forms in the kitchen were not all up to date</p>

		Food services staff have completed on-site food safety education and chemical safety.
Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The facility has embedded the interRAI assessment protocols within its current documentation. Bupa assessment booklets on admission and care plan templates were comprehensively completed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in all files. Files reviewed across the rest home and hospital identified that risk assessments have been completed on admission and reviewed six monthly as part of the evaluation. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans. This is an improvement on the previous audit.
Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate	Bupa have policies around identifying care planning in a timely manner and the need to reflect the resident's needs. Five long-term care plans reviewed included the resident's problem/need, objectives, interventions and evaluation for identified issues. The previous audit around care plan interventions remains open. The two rest home level resident's care plans (one respite and one long term resident) addressed the resident's assessed needs. Three of four hospital level resident's care plans did not address all resident's needs. There was evidence of service integration with documented input from a range of specialist carers. One care plan for an enabler and one care plan for restraint were reviewed, both had interventions associated with restraints/enablers in the care plan. The service has addressed this aspect of the previous finding (link 1.3.6.1)
Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	When a resident's condition changes, the RN initiates a GP/NP visit or nursing specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status.  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.  Eight wound care plans were reviewed for four skin tears, one haematoma and

		<p>three facility acquired pressure injuries. All wounds and pressure injuries had documented wound care plans and short-term care plans.</p> <p>Short-term care plans are in use for acute/short term aspects of care however, these are not always evaluated.</p> <p>Monitoring charts were in use at The Gardens however, not all monitoring charts had been consistently completed.</p>
Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	<p>An activity coordinator is contracted to work 37 hours a week. There is also currently one activity assistant who works three days a week (0900 – 1500).</p> <p>There is a full and varied activities programme in place, 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, with weekly updates and displayed in large print in communal areas and resident bedrooms. There are regular van outings and there is a roster, so all residents have an opportunity to go out. Most residents and families interviewed voiced their satisfaction for the activities programme and felt that recreational needs were being met</p> <p>Residents have an activities assessment completed over the first few weeks. Resident files reviewed identified that the individual activity plan is reviewed when the care plan is reviewed. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family and interests. The individual activity plan is incorporated into the 'My Day My Way' care plan and is reviewed at the same time as the care plan in all resident files reviewed.</p> <p>Residents/family has the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys.</p>
Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Review and evaluating of care plans by an RN, at least six monthly, or as changes to care occur, is not always completed in a timely manner. All initial care plans reviewed were 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.
Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that	FA	The service displays a current building warrant of fitness that expires on 13 January 2017.

are fit for their purpose.		
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	<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. 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. Infection statistics are included for benchmarking. Corrective actions are established where trends are identified.</p>
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	<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. Interviews with the caregivers and nursing staff confirm their understanding of restraints and enablers. Training has been provided around restraint, enablers and challenging behaviours. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings and regional restraint meetings and at an organisational level. There is one hospital resident currently with lapbelt restraint and one hospital resident using bedrails as an enabler (link to 1.3.6.1 for monitoring).</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)
Criterion 1.3.12.1  A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Moderate	Seven of twelve medication charts reviewed met legislative requirement for prescribing by the GP. Five of twelve medication charts met legislative requirements for documentation of administration.	i) Five medication charts did not include the times that non-packaged regular medications should be administered; ii) These same five medication charts do not always have the non-packaged medications documented as administered. Two further medication charts did not have non-packaged regular medications documented as consistently administered.	Ensure that medication prescribing includes the time for administration and ensure that all medications are signed for on administration  30 days
Criterion 1.3.13.1  Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the	PA Low	The cook oversees the food services and is supported by a kitchen hand on duty each day. All baking and meals are cooked on-site in the main kitchen. Food allergies and dislikes are listed in the kitchen. Special diets such as	Four of six resident's dietary needs forms had not been updated when required for kitchen staff.	Ensure that the kitchen has updated information regarding residents' dietary needs

consumer group.		diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated. Caregivers were able to describe the dietary needs of the residents at the lunchtime meal. A review of dietary need forms on the kitchen noted that not all had been updated six monthly. Of the six resident files reviewed, all six had an up-to-date dietary needs form in the resident file but only two of six had an updated copy in the kitchen		60 days
Criterion 1.3.5.2  Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Moderate	The two rest home level resident's care plans (one respite and one long term resident) addressed the residents assessed needs. One of four hospital level resident's care plans also included all resident needs.	i) One hospital level resident has moved to a palliative care pathway, however, this was not reflected on in the care plan. This same resident also has specific care needs for a pressure injury which was not reflected in the care plan or the current STCP; ii) One hospital level resident's care plan did not address the needs of a resident with unintended weight loss; and iii) One hospital level resident care plan did not fully reflect that the resident was totally dependent for all cares.	Ensure that resident care plans are updated to reflect the resident's assessed needs  60 days
Criterion 1.3.6.1  The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	Short-term care plans are in use for acute/short term aspects of care and monitoring charts were in use at The Gardens; examples sighted included (but not limited to), weight and vital signs, pain, turning charts and restraint as required.	One resident at hospital level with an enabler did not have consistent monitoring for the bedrail. One resident who required two hourly turns did not have the turning chart consistently completed.	Ensure that monitoring and turning are documented as occurring  60 days

## **Specific results for criterion where a continuous improvement has been recorded**

---

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

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

If, instead of a table, 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.