

Bupa Care Services NZ Limited - Ascot House

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Ascot Care Home
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: 4 April 2016 End date: 5 April 2016
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	92

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Bupa Ascot currently provides hospital - medical/geriatric, rest home and dementia level of care for up to 104 residents. On the day of audit there were 92 residents including two residents under respite care and four residents under long term chronic health conditions contract.

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, management and staff.

The service has addressed five of nine shortfalls from the previous certification audit around advance directives, essential notifications, orientation to activities in the dementia unit, the dementia unit activity programme and provision of shade in external areas. Further improvements remain around the system to identifying staff training needs, timeliness of provision of services and aspects of medication management. This audit identified an improvement required around documented interventions.

Consumer rights

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

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.
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Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. 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.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for each stage of service provision. The initial assessments, risk assessments and care plans are completed within the required timeframes. InterRAI assessments are utilised as part of the six monthly evaluation process. Residents and relatives 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 rest home, hospital and dementia 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. All medication charts had photo identification.

Food is prepared on-site with individual food preferences and dietary requirements assessed by the registered nurses. Alternative choices are offered for dislikes. Nutritious snacks are available in the dementia unit at all times.

Safe and appropriate environment

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

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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A registered nurse is the restraint coordinator for the service. Enablers are voluntary and the least restrictive option. There were no residents with enablers. There were four residents with restraint. Care staff have received training in restraint/enabler use and challenging behaviour.

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.
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The infection control coordinator (clinical manager) oversees 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 has been one outbreak since the previous audit.

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	13	0	3	1	0	0
Criteria	0	36	0	3	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
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for resuscitation/advance directives and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. Resuscitation treatment plans and advance directives were appropriately signed in the files of residents competent to make decisions (two rest home and two hospital residents). The previous finding around advance directives has been addressed.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives 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 four residents (two rest home and two hospital) and relatives 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</p>

		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</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>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. Four relatives interviewed (one rest home, two hospital and one dementia) stated that they are kept informed when their family member's health status changes.</p> <p>Three monthly relative meetings are held with guest speakers attending who provide information such as advance care planning. Wi-Fi access is available for residents and relatives to use.</p> <p>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>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services of any items they have to pay for that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bupa Ascot care home currently provides rest home, hospital - medical/geriatric and dementia care for up to 104 residents. There are 40 rest home beds, 30 hospital level beds, 10 dual purpose beds and 24 dementia care beds. On the day of audit there were 92 residents including 38 rest home, 30 hospital (including three residents with long term chronic health conditions and one respite care) and 22 dementia level of care including one resident under the long term chronic health condition contract. All other residents were under the ARC contract.</p> <p>There is an overall Bupa business plan and risk management plan that is reviewed annually at head office. Additionally, each Bupa facility develops an annual quality plan. Quality goals have been reviewed at the quality team meeting for 2015 and goals discussed for 2016. Quality initiatives include the development of a café</p>

		<p>area that opens out onto a courtyard. Residents and visitors are encouraged to utilise the facility which has a self-serve coffee machine. One of the goals for 2015 was to increase occupancy and the facility set up a showroom to show potential clients and their families. This received positive feedback from the Bupa secret shopper audit. The facility occupancy has increased.</p> <p>The care home manager is a registered nurse (RN) who has been in the role for one year and has previous nursing management experience within the district health board (DHB) environment. She is supported by a clinical manager/RN with 10 years aged care experience and who has been in the role at Bupa Ascot for the last two years. The management team are supported by a team of registered nurses (RN), a regional manager and a director of nursing.</p> <p>The manager has attended at least eight hours of professional development training in the past 12 months.</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>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with the care home manager, clinical manager and ten staff (six caregivers, two RNs, one diversional therapist and one cook) reflect their understanding of the quality and risk management systems that have been put into place. The monthly monitoring, collation and evaluation of quality data is discussed at all quality, health and safety, infection control and clinical meetings as sighted in the meeting minutes.</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. An annual internal audit schedule was sighted for the service with evidence of audits occurring as per the audit schedule. Corrective actions are raised, completed and evaluated where the outcomes are less than expected. Quality data is benchmarked against other similar Bupa facilities. Results for the annual resident survey for 2015 were collated with an 85% overall satisfaction with the services provided. Results are fed back to participants. The 2016 survey is in progress.</p> <p>Falls prevention strategies are in place that includes the analysis of falls events 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</p>

		<p>reviewed annually. There is a health and safety representative for the service. Reduction of falls has been identified as an ongoing goal for 2016. A falls focus group meets quarterly. Monthly health and safety committee meetings are held. Hazard identification forms and a hazard register are in place. The organisation holds tertiary accreditation by ACC for their workplace safety management programme.</p>
<p>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.</p>	FA	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required.</p> <p>Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Twenty-four accident/incident forms were reviewed (ten hospital, six rest home and eight dementia care). Each event involving a resident reflected a clinical assessment (link 1.3.6.1) 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 the requirement to notify relevant authorities in relation to essential notifications. The service has reported two category one events to the relevant authorities relating to 1) failure of call bell system and 2) fall resulting in injury and death. The service reported an outbreak in August 2015. The previous finding around essential notifications has been addressed.</p>
<p>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.</p>	PA Low	<p>A register of RN practising certificates and allied health professionals is maintained.</p> <p>Comprehensive human resources policies include recruitment, selection, orientation and staff training and development.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. The programme is developed specifically to worker type (e.g. RN, support staff) and includes documented competencies. Seven staff files were reviewed (including the clinical manager, two RNs, three caregivers and one housekeeper). Not all staff performance appraisals were up to date.</p> <p>The registered nurses have access to external education. Qualified staff have completed a professional development recognition programme (PDRP). The clinical manager has completed the dementia units and the RNs have attended an in-service session on delirium, dementia and challenging behaviours delivered by a</p>

		<p>dementia care specialist.</p> <p>Ten out of twelve caregivers who work in the dementia care unit have completed the dementia unit standards. Two caregivers have commenced employment in the last six months. Four caregivers are progressing through the “walking in another’s shoes” dementia course. The service has addressed this previous audit finding. The service has developed a specific orientation list around activities in the dementia unit. This was evident in the staff files of two caregivers who work in the dementia unit. The previous finding has been addressed.</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. Staff complete competency assessments relevant to their role. A Careerforce assessor supports staff through aged care qualifications. There is an enrolled nurse verifier and an RN progressing through the Careerforce assessor training.</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 Mon - Fri and provide on call.</p> <p>Adequate RN cover is provided 24 hours a day, 7 days a week. Registered nurses are supported by sufficient numbers of caregivers on all shifts, in all areas. Residents and relatives interviewed confirmed that there are sufficient staff rostered on at any time.</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>	PA Moderate	<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 medications received are checked on delivery against the medication chart by the RN and any discrepancies are fed back to the supplying pharmacy. Two RNs interviewed were able to describe their role in regard to medicine administration. Standing orders are not used. There were five self-medicating residents in the rest home. Self-medication assessment had been completed but not all had been reviewed three monthly.</p> <p>Twelve medication charts were reviewed. Prescribing and discontinuation of medications did not meet legislative prescribing requirements for regular medication on all charts reviewed. Not all medication charts had been reviewed</p>

		three monthly or identified an allergy status. Anti-psychotic management plans are used for residents with dementia when medications are commenced, discontinued or changed.
<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 Ascot are prepared and cooked on-site. There is a four weekly seasonal menu which has been reviewed by a dietitian. Meals are delivered in scan boxes to each unit's kitchen area. Dietary needs are known with individual likes and dislikes accommodated. Residents' special diets are catered for. The qualified cook is notified of any dietary changes or weight loss and confirms high protein, high calorie foods are provided. Nutritious platters are provided for residents in the dementia unit.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. Temperatures are recorded on all inward chilled goods. 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>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>Food services staff have completed food safety and hygiene training and chemical safety.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Low	<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 were used for the management of short term needs and reviewed regularly. Not all interventions post falls were implemented as per protocols.</p> <p>Dressing supplies are available and dressing trolleys were well stocked for use. Wound initial assessment plans and wound evaluations were completed for all wounds and pressure areas. There was evidence of wound care specialist input into the management of wound care as required. Their service had a wound care champion to support staff and provide advice as required.</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 a diversional therapist (DT) for 35 hours per week and two activity assistants for a total of 26 hours per week. There is a Bupa occupational therapist and DT at head office. Twice yearly DT education days are held for all activity staff. The hospital and rest home activity programme has set activities, with the flexibility to add other activities that meet the recreational abilities and preferences of the resident group. The programme in the dementia unit is flexible with small group and one on one activities. Residents are supervised (as appropriate) to attend entertainment, church services and other activities within the care centre. The activities role in the dementia care unit is shared between the DT, activity assistants and caregivers. Activities for dementia care residents are provided over the seven day week. Caregivers have completed an orientation to activities for dementia care and could describe the activities they provided in a group or individual basis. There were adequate resources available. An activity assistant is allocated to the dementia care residents from 6.30pm to 8.30pm daily. The previous finding around activities in the dementia unit has been addressed.</p> <p>Themes and events are celebrated involving residents and all staff and family. Community visitors attend the home. Residents are involved in fundraising for community groups. There are regular entertainers, outings and drives into the community for residents of all levels of care. The activity team have current first aid certificates.</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 as the care plan. There are resident/family forums that allow for feedback on the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>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 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that</p>	<p>FA</p>	<p>A current building warrant of fitness is posted in a visible location (expiry date 27 January 2017). There is safe access to the external areas in each wing. Seating is available and shade is provided with the use of large umbrellas. The service has</p>

are fit for their purpose.		addressed this previous audit finding.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (clinical manager) uses 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. Surveillance data and graphs are displayed for staff.</p> <p>The facility had a gastroenteritis outbreak in August 2015. A special report was submitted to the Quality team who informed the appropriate authorities. The service identified a concern regarding sufficient supplies due to the period of the outbreak (20 days), and has implemented outbreak management cupboards in each area which are regularly checked against an inventory list.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	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. A registered nurse with defined responsibilities is the restraint coordinator. Interviews with the care giving and nursing staff confirm their understanding of restraints and enablers. Staff receives training in restraint use and challenging behaviours and complete annual competencies.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, there were no residents using enablers and four residents with lap belts as a restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	Seven staff files were reviewed. Five of seven staff files contained annual performance appraisals.	Two of seven staff files did not have a current performance appraisal.	<p>Ensure staff performance appraisals are completed annually.</p> <p>90 days</p>
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	PA Moderate	Five self-medicating residents in the rest home have self-medication competencies completed by the RN and authorised by the GP. Two self-medicating competencies have not been reviewed three monthly. Self-medicating residents sign to acknowledge their responsibilities in regards to self-medication and safe storage of medications. The previous	Self-medication competency assessments for three residents have not been reviewed three monthly.	<p>Ensure self-medication competencies are reviewed by the RN and GP three monthly.</p> <p>30 days</p>

		finding around self-medication competencies remain.		
<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>	<p>PA Moderate</p>	<p>Twelve medication charts were reviewed. All as required medications had prescribed indications for use. Regular/discontinued medications on five out of 12 medication charts met legislative requirements. All 12 medication charts had photo identification and 10 of 12 charts had an allergy status documented. The GP had reviewed 9 of 12 medication charts 3 monthly. The previous finding around medicine management remains open.</p>	<p>1) Three medication charts did not have dates for discontinuation of medications; 2) one prescribed medication order was not dated; 3) oxygen had not been charted for one resident receiving oxygen therapy as documented in the care plan; 4) two medication charts did not identify the residents' allergy status; and 5) three medication charts had not been reviewed three monthly.</p>	<p>1)and 2) Ensure all medications are prescribed and discontinued correctly to meet legislative prescribing requirements; 3) ensure oxygen is charted and staff only administer and sign for medications as charted; 4) ensure all medication charts identify the resident's allergy status; and 5) ensure all medication charts are reviewed three monthly by the GP.</p> <p>30 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Low</p>	<p>Six resident files were reviewed. There is documented evidence in three resident files that the GP has completed an admission visit within two working days. Initial nursing assessments had been completed within 24 hours in all resident files reviewed. The long-term care plans had been developed within 21 days of admission in all files reviewed. One resident admitted after 1 July 2015 did not have an interRAI assessment completed.</p>	<p>1) There was no GP admission within two working days for three out of six resident files reviewed (one rest home, one hospital and one dementia care unit); 2) An interRAI assessment was not completed within 21 days of admission for one rest home resident admitted after 1 July 2015.</p>	<p>1)Ensure GP admission visits are completed within two working days; and 2) ensure that interRAI assessments are completed for all new admissions within 21 days of admission.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers'</p>	<p>PA Low</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. Family interviewed confirmed the care of their relative met their expectations. Neurological observations are commenced post unwitnessed falls and</p>	<p>Four of six neurological observations sighted for unwitnessed falls/head injuries were not fully completed as per protocol.</p>	<p>Ensure neurological observations are completed as per protocol.</p> <p>60 days</p>

assessed needs, and desired outcomes.		falls with head injury. Two of six neurological observations had been completed as per protocol.		
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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.