

Bupa Care Services NZ Limited - Riverside Care Home and Hospital

Introduction

This report records the results of a Certification 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:	Riverside Care Home and Hospital
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: 11 July 2016 End date: 12 July 2016
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	64

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
	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

Riverside Home and Hospital is part of the Bupa group. The service is certified to provide rest home, dementia and hospital (geriatric and medical) level care for up to 65 residents. On the day of audit, there were 64 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management and the general practitioner.

The care home manager has been in the role since September 2001. The clinical manager has been in the role at Riverside for the last two years who supports her.

Staff spoke positively about the support/direction and management of the current management team. There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service, including residents that require hospital/medical, dementia and rest home level care.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

The facility has embedded the interRAI assessment protocols within its current documentation. Bupa assessment booklets and care plans were individualised and comprehensively completed for all resident files reviewed. 'At risk' residents were identified and monitoring strategies were implemented and regularly evaluated.

The service is achieving two continual improvement ratings relating to falls reduction and infection control surveillance.

There are improvements required around post audit action plans and security of chemicals.

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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Riverside ensures that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Evidence-based practice is evident, promoting and encouraging good practice. 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. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

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. The care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Riverside is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes, quality action forms and toolbox talks, demonstrate a culture of quality improvements.

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

Continuum of service delivery

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.		Standards applicable to this service fully attained.
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There is a comprehensive admission package available prior to or on entry to the service. Resident records reviewed provide evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files include three-monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care.

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

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

All food and baking is done on-site. All residents' nutritional needs are identified and documented. Choices are available and are provided. Nutritional snacks are available over a 24-hour period. The organisational dietitian reviews the Bupa menu plans.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The building holds a current warrant of fitness. Resident rooms are single, spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas

are safe and well maintained. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures are monitored.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, the service had two hospital level residents using restraint in the form of bedrails and one also used a lap belt. There was one resident with a lap belt as an enabler. All resident files document appropriate processes were in place.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	47	0	1	1	0	0
Criteria	2	97	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff (six caregivers, four registered nurses, the clinical manager and three activity staff), reflected their understanding of the key principles of the Code.</p>
<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 informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There are signed general consents including outings on eight of eight resident files sampled (three rest home, three hospital-including one person admitted under a young person with disability contract and two residents at dementia level of care). Resuscitation treatment plans and advance directives were appropriately signed in the files reviewed.</p> <p>Discussions with caregivers and registered nurses (RN's) confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their</p>

		<p>relative's lives.</p> <p>Informed consent processes are also reviewed through the six-monthly multidisciplinary team meeting with residents and relatives and links to the quality system through annual satisfaction surveys.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in as much as they can safely and desire to do. Resident/family meetings are held monthly. Monthly newsletters (The Riverside Rag) are provided to residents and relatives.</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 on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaints register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility.</p> <p>Four complaints received in 2016 were reviewed with evidence of appropriate follow-up actions taken.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The clinical manager and registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the resident/family meetings. All eight residents (four rest home level and four hospital level) and eleven relatives (six hospital, three rest home and two dementia) interviewed, report that the residents' rights are being upheld by the service.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents are treated with dignity and respect. Privacy is ensured and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and church services are held. There is a policy on abuse and neglect and staff have received training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. There are two residents identifying as Māori living at the facility, one at hospital level and one in the dementia service. Both had care plans and a map of life that reflected their cultural needs.</p> <p>Māori consultation is available through the documented iwi links and Māori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p> <p>All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.</p>

other exploitation.		
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available 7 days a week, 24 hours a day. A house general practitioner (GP) visits the facility two days a week and a nurse practitioner visits at least two days a week. The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable.</p> <p>The service receives support from the district health board, which includes visits from the mental health team and nurse specialists. Physiotherapy services are provided on-site, eight hours per week with the support of a physiotherapy assistant, six hours a week. There is a regular in-service education and training programme for staff. A podiatrist is on-site every six weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa has established benchmarking groups for rest home, hospital, dementia and psychogeriatric/mental health services. Riverside is benchmarked against the rest home, dementia and hospital data. If the results are above the benchmark, a corrective action plan is developed by the service.</p> <p>Education is supported for all staff. Three RNs (including the clinical manager) are currently undertaking a post-graduate certificate in Palliative care. There are six RNs assessed as interRAI competent. InterRAI is fully implemented at Bupa Riverside.</p> <p>Bupa Riverside has been proactive with ensuring well trained caregivers, with 100% achieving foundation skills and 10 of 27 caregivers have level three Careerforce.</p> <p>The service supports the NetP programme and is supporting one registered nurse on this programme.</p> <p>Review of resident files including care plans and interviews with residents, relatives and registered nurses identified competent clinical oversight and support.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure 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 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. Twenty-one accident/incident forms reviewed (from across the three levels of care for June 2016), identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where</p>

		<p>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 Ministry of Health 'Long-term Residential Care in a Rest Home or Hospital – what you need to know' is provided to residents on entry. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Riverside care home provide rest home, hospital and dementia care for up to 65 residents. On the first day of the audit there were 64 residents. There are 25 residents in the 25-bed hospital wing, 22 hospital residents including three younger person disabled and three rest home residents. Five rooms are dual purpose. The dementia unit was full with 19 residents. There were 21 rest home residents in the 22 bed rest home wing, one of which was a dementia resident who slept in the rest home at night and stayed in the dementia unit during the day. This resident has a NSAC approval for secure dementia care. The DHB has approved this short-term boarding.</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 Riverside is part of the Northern two Bupa region and the managers from this region meet quarterly to review and discuss the organisational goals and their progress towards these. The care home manager provides a monthly report to the Bupa operations manager and meets weekly.</p> <p>A quarterly report is prepared by the care home manager and clinical manager and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve the Riverside quality goals.</p> <p>Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia and psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia (e.g., mortality and pressure incidence rates and staff accident and injury rates). Benchmarking of some key indicators with another NZ provider is also in place.</p> <p>The care home manager has been in the role since October 2012. A clinical manager who has been in the role at Riverside for the last two years supports her. 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>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>A clinical manager/registered nurse (RN) who is employed full-time, supports the care home manager and steps in when the care home manager is absent. The operations manager, who visits regularly, supports both managers.</p> <p>The service operational plans, policies and procedures promote a safe and therapeutic focus for residents affected by the aging process and promotes quality of life.</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>	PA Low	<p>A quality and risk management programme is established. Interviews with the managers and staff reflect their understanding of the quality and risk management systems. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to): resident falls, infection rates, complaints received, restraint use, pressure areas, wounds and medication errors (link to 1.2.4.3 for continued improvement around the reduction of resident related clinical incidents).</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data and benchmarked results are discussed in registered nurse, staff and quality meetings. Corrective actions are not always documented as implemented when service shortfalls are identified and signed off when completed.</p> <p>Falls prevention strategies are in place. A health and safety system is in place. Hazard identification forms and a hazard register are in place.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the</p>	FA	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Twenty-one accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Incidents are benchmarked and analysed for trends.</p>

<p>service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. A register of practising certificates is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. New staff are buddied for a period of time (e.g., caregivers two weeks, RN four weeks) and during this period they do not carry a clinical load. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. From this, they are then able to continue with Core Competencies Level 3 unit standards. These align with Bupa policy and procedures.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. The caregivers undertake aged care education (CareerForce). Education and training for clinical staff is linked to external education provided by the district health board.</p> <p>A competency programme is in place with different requirements according to work type (e.g., support work, registered nurse and cleaner). Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files).</p> <p>RN competencies include assessment tools, BSLs/insulin admin, CD admin, moving & handling, nebuliser, oxygen admin, PEG tube care/feeds, restraint, wound management, CPR and T34 syringe driver.</p> <p>The service implemented a programme so that similar topics were grouped together to increase staff attendance at training. Training sessions of four hours were booked at different times to capture as many staff as possible. These education sessions were advertised in the staff room, individual letters were sent to staff and text reminders were sent.</p> <p>Staff were rostered at training according to level of experience to enable the subject to be presented at the correct level. All training was moved off-site and staff were provided with pens and training materials.</p> <p>On evaluation of the effectiveness of these measures, it was noted that staff attendance has risen from 15% to 40% to 92% to 95 % and staff feedback has been very positive.</p>

		All caregivers working in the dementia unit have completed the required dementia standards.
<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>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 number of caregivers support the RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas.</p> <p>Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The service has comprehensive admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The care home manager screens all potential residents prior to entry and records all admission enquires. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the care home manager and the clinical manager. The admission pack for dementia residents contains information relating to the management of challenging behaviours. The admission agreement form in use aligns with the requirements of the ARRC contract. Eight admission agreements viewed were signed.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated</p>	FA	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. The facility uses the transfer from hospital to residential (yellow) aged care envelope that works in reverse when residents are</p>

transition, exit, discharge, or transfer from services.		transferred to a DHB acute hospital. Relatives are notified if transfers occur.
<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>Sixteen medication files were sampled. The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely in the medication room/cupboard. Medication administration practice complies with the medication management policy for the medication rounds sighted. Medication prescribed is signed as administered on the pharmacy generated signing chart. Registered nurses administer medicines. All staff that administer medicines are competent and have received medication management training. The facility uses a robotically packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. Medical practitioners write medication charts correctly and there was evidence of three-monthly reviews by the GP. Two residents were self-administering their own medicines (inhalers) and the documentation was correctly recorded and competency assessments completed. Standing orders are not in use.</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>The cook oversees the food services and is supported by a kitchen hand on duty each day. The national menus have been audited and approved by an external dietitian. The main meal is at lunch time. There are nutritious snacks available over the 24-hour period for residents in the serenity unit (dementia unit). All baking and meals are cooked on-site in the main kitchen. Plated meals are delivered to the hospital and dementia residents via hot boxes and bain-marie service is provided to the rest home. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from bain-maries are monitored. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated, sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>Food services staff have completed on-site food safety education and chemical safety.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the</p>	FA	<p>The service records the reasons for declining service entry to residents should this occur and communicates this to residents/family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be</p>

service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		referred back to the referring agency if entry were declined.
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, hospital and dementia services identified that risk assessments have been completed on admission and are reviewed six-monthly as part of the evaluation. Additional assessments for management of behaviour, wound care and restraint were completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care plans reviewed were very comprehensive and demonstrated service integration and input from allied health. All resident care plans sampled were resident centred and interventions were documented in detail to cover all assessed care needs. The care plan sampled of the resident who was admitted under the young person with disability contract, included age appropriate interventions to meet the resident's unique needs. The care staff reported that care plans were easy to follow and they were frequently read by all care staff. Residents and family members interviewed confirm they are involved in the development and review of care plans. Care plans were amended to reflect changes in health status and were reviewed on a regular basis. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a range of specialist care.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	All care plans reviewed included interventions that reflected the resident's current needs. The interventions also included instructions on what and how to monitor for potential changes in health condition. When a resident's condition changes, the RN initiates a general practitioner visit or nursing specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support provided exceeded their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Continence products are available. 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.

		<p>Caregivers and RNs interviewed state there are adequate continence and wound care supplies.</p> <p>Wound assessment, wound management and wound evaluations were in place for all wounds. All wounds have been reviewed in appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the district nursing service.</p> <p>Monitoring charts were well utilised at Bupa Riverside and examples sighted included (but not limited to): weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</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 has a qualified registered diversional therapist (DT) who oversees two other activities staff who are currently completing their diversional therapy papers. There are recreational programmes designed for each level of service. The residents can join in the activities in other service areas where it is appropriate to do so. The activities programme provides individual and group activities that are meaningful and reflect ordinary patterns of life. The monthly programme includes community outings, visiting entertainment, craft and exercise programmes. On the day of audit, residents were observed participating in a variety of activities. One-on-one activities are provided for residents who are unable or choose not to be involved in group activities.</p> <p>The activities team are responsible for the resident's individual recreational and lifestyle plans which are developed within the first three weeks of admission. Each resident has a map of life developed on admission which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for activities. The activities care plan for residents in the dementia unit includes activity over a 24-hour period. Activity participation sheets were maintained in files sampled. The resident/family/whānau, as appropriate, are involved in the development of the activity plan. Resident files reviewed identified that the individual activity plan is reviewed as part of the care plan review.</p> <p>Activities are planned that are appropriate to the functional capabilities of residents. Residents are able to provide feedback and suggestions for activities at the monthly resident meetings and annual resident satisfaction survey.</p> <p>Residents and families interviewed report satisfaction with the activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	<p>FA</p>	<p>Files sampled demonstrated that the long-term care plans were evaluated at least six-monthly or earlier if there is a change in health status. There was at least a three-monthly review by the GP. In the files sampled, all changes in health status were documented and followed up. Reassessments have been completed using interRAI LTCF for all residents who have had a significant change in health status. The RN completing the plan signs care plan reviews. Short-term care plans sighted were evaluated and</p>

manner.		resolved or added to the long-term care plan if the problem is ongoing. Where progress is different from expected, the service has responded by initiating changes to the care plan.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed.
<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>	PA Moderate	There is a chemical/substance safety policy and waste management policy. Management of waste and hazardous substances is covered during orientation of new staff. Chemicals were not all stored safely on the day of audit. Safety data sheets and product wall charts are available. All chemicals were labelled correctly. Approved sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons and goggles are available for staff at the point of use. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. There is a chemical spills kit available. Staff have attended chemical safety training with the approved provider for chemicals.
<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	The building has a current building warrant of fitness. There is a maintenance person employed to address the reactive and planned maintenance programme who works 20 hours per week. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. External resident areas are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans, including the provision of personalised equipment for the residents admitted under the young person with disability contract. The service has a van with a hoist that is used to take residents to prearranged medical appointments and on outings.

<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>All bedrooms have access to hand basins. Not all rooms have ensuites. There are adequate numbers of communal toilets and shower rooms. There are communal toilets located close to communal areas in the rest home, hospital and serenity unit (dementia unit). Toilets have privacy locks. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Residents interviewed report their privacy is maintained at all times.</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>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.</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>There is a large lounge and two separate dining rooms that are shared by rest home/hospital residents. The residents in the serenity unit (dementia unit) have an open plan dining and lounge area. All lounge/dining rooms can accommodate the equipment required for the residents. Activities occur throughout the facility. Residents (as able) were observed to be moving freely with the use of mobility aids. Furniture was well arranged to facilitate this. Seating and space is arranged to allow both individual and group activities to occur.</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>There are dedicated laundry and cleaning staff. All laundry and personal clothing is laundered on-site. There are defined clean/dirty areas. There were adequate linen supplies sighted in the facility linen-store cupboards. Internal audits monitor the effectiveness of laundry and cleaning processes. The cleaner's trolleys are not always stored in locked areas when not in use (link 1.4.1.1). The chemical provider audits the effectiveness of chemicals for laundry and cleaning services.</p> <p>Residents and relatives interviewed are happy 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 during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The specific needs of the three residents admitted under the young person with disability contract have been considered in the emergency evacuation planning. Six-monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short term back up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility has electrical ceiling heating in the resident's rooms. The bedroom temperatures can be controlled by a thermostat in each bedroom. The communal areas have heat pumps. All communal areas and bedrooms are well ventilated and light. Residents and family interviewed stated the temperature of the facility is comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator is a registered nurse and she is responsible for infection control across the facility. The committee and the Bupa governing body in conjunction with Bug Control, is responsible for the development of the infection control programme and its review. The infection control programme is well established at Riverside. The infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, Bupa quality & risk team and Bug Control. There have been no outbreaks since the previous audit.</p>
<p>Standard 3.2: Implementing the infection control programme</p>	FA	<p>There are adequate resources to implement the infection control programme. The infection control (IC) nurse has maintained best practice by attending infection control updates through Bug Control and has</p>

<p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>completed the MOH online training. The infection control team is part of the quality committee and is representative of the facility. External resources and support are available as required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Orientation package includes specific training around hand hygiene and standard precautions. Infection control training is regularly held, including (but not limited to): infection control (March 2016), and wound care (RN only April 2016).</p> <p>The infection control coordinator has received education both in-house and by an external provider to enhance her skills and knowledge. The infection control coordinator has access to the Bupa intranet with resources, guidelines, best practice and group benchmarking.</p> <p>A number of toolbox talks have been provided including (but not limited to): preventing UTIs (link to 3.5.7 for continuous improvement for reduction of urinary tract infections).</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with</p>	<p>CI</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p>

<p>agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered on to a monthly infection summary. This data is monitored and evaluated monthly and annually and provided to Bupa Head Office for benchmarking. Infections are part of the key performance indicators. Outcomes and actions are discussed at quality/staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the acting facility manager. There have been no outbreaks since the previous audit.</p> <p>The service has exceeded the standard around the use of surveillance activities to improve outcomes for residents</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a comprehensive restraint minimisation policy and an enabler- use of policy. The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policies to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, regional restraint meetings and at an organisational level. Interviews with the staff confirm their understanding of restraints and enablers.</p> <p>On the day of audit, the service had two hospital level residents using restraint in the form of bedrails and one also used a lap belt. There was one resident with a lap belt as an enabler. All enabler use is voluntary. All three resident files were reviewed (two restraint and one enabler). The enabler assessment form was completed and signed by the resident. These had been evaluated at least three-monthly. Monitoring was documented well though progress notes.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>Only staff that have completed a competency assessment are permitted to apply restraints. Competency assessments expire annually and are renewed by the restraint coordinator. There is a responsibilities and accountabilities table in the restraint policy that includes responsibilities for key staff at an organisation level and a service level. The restraint coordinator is a clinical manager (a registered nurse). She has a signed job description and understands the role and her accountabilities.</p>

<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. There was a restraint assessment tool completed for one hospital level resident requiring a bedrail and one hospital level resident requiring both bedrails and lap belt when out of bed. The care plans were up to date and provided in-depth information around the care and support needed for the residents, including risks associated with the use of restraint. Ongoing consultation with the resident and family/whānau is also identified. Falls risk assessments are completed six-monthly and interRAI assessment identifies risk and need for restraint.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. There are approved restraints documented in the policy. The approval process includes ensuring the environment is appropriate and safe. Assessments forms document that alternatives to restraint were considered prior to the use of restraint.</p> <p>The care plans reviewed for two hospital residents with restraint, identified observations and monitoring. Restraint use is reviewed through monthly review of restraint, a report to the QI meeting by the clinical manager, the three-monthly assessment evaluation and six monthly multidisciplinary meeting which includes family/whānau input. A three-monthly report of restraint use is also provided to the national restraint group for benchmarking. A restraint register is in place, which has been completed for the two residents requiring restraint and a separate register for enablers.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluation has occurred monthly as part of the clinical manager's monthly review, three-monthly as part of the ongoing reassessment for the resident on the restraint register and as part of their care plan review. The family is included as part of the MDR review. Evaluation timeframes are determined by risk levels.</p> <p>The service was able to evidence that they are proactive with restraint minimisation and have removed restraint from residents following consultation with the resident and their family.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Individual approved restraint is reviewed at least monthly through the quality meeting and as part of the internal audit programme. Bupa reviews all restraint use and has published trends to all its facilities to map the progress of restraint reduction for all its facilities. Review of restraint use across the group is discussed at the Regional Restraint Approval group and information is disseminated throughout the organisation. The organisation and facility are very proactive in minimising restraint usage.</p>

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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 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	The service completes a range of internal audits as per the Bupa audit plan. Action plans are documented but not for all issues identified and not all action plans had been documented as followed up and signed off.	Post audit action plans are not always documented or signed off. Examples include: three internal audits for February 2016 and the post resident satisfaction survey 2015 action plan. Two internal audits for June and one for July did not have action plans for issues identified.	<p>Ensure all audits have an action plan for issues identified and that these are documented as followed up and signed off when completed.</p> <p>60 days</p>
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and</p>	PA Moderate	Chemicals are all labelled correctly and safety data sheets are available. The cleaners have a locked cupboard to store the cleaning trolleys when they are not in use. Not all chemicals	The cleaners trolley with chemicals on the top of the trolley was found unattended in a bathroom on the day of audit in the Serenity Unit (dementia	I-ii) Ensure that all chemicals are safely stored.

disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.		were stored correctly in the Serenity Unit (dementia unit) on the day of audit.	unit).	30 days
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	CI	<p>There is a quality and risk management process in place.</p> <p>Incident forms are documented for all incidents and accidents and near misses. The incident forms reviewed included a thorough RN review and follow up. Progress notes documented incidents and short-term care plans were in place as needed.</p> <p>Benchmarking reports are generated throughout the year to review performance over a 12-month period. There is a number of ongoing quality improvements identified through the service’s review and analysis of monthly data collected. Monthly action plans for incidents and accidents have been consistently commented and followed up. The clinical manager uses incident and</p>	<p>Riverside is active in analysing data collected monthly, around accidents and incidents, infection control, restraint etc.</p> <p>Example: resident related incidents such as falls were noted to be high in the hospital in June 2015. The service implemented action plans which included: toolbox talks around falls prevention with staff and simplified graphs were created to illustrate to staff how many falls and bruises were occurring. Staff report that these simplified graphs (along with the training) enabled better understanding of the problem. Sensor mats and pull string monitors were purchased and implemented for high risk fallers and frequent fallers. Clinical documentation following falls has been very thorough with very clear instruction for care and support. Short-term care plans document regular evaluation by staff.</p> <p>On evaluation of the effectiveness of these measures, they noted a drop in falls incidents in the hospital from 41 falls for the period January to June 2015, to 34 falls for the same period 2016. Other</p>

		<p>accident data to improve services to residents. All meetings include excellent feedback on clinical indicators.</p>	<p>corrective actions and strategies have been implemented where clinical indicators were above the benchmark.</p> <p>Quality action forms have also been implemented. An evaluation completed identified improvement to follow up assessments post incidents and link to other clinical documentation.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>When an infection occurs (based on standardised signs and symptoms), the infection control report is recorded on the infection log for the infection control nurse. A short-term care plan is also completed. The infection control nurse keeps a monthly summary log of all infections and all are logged into the online data base for benchmarking. Benchmarking results are provided to staff.</p>	<p>In 2015, the infection control nurse noted that while the urinary tract infection rate at Riverview was high compared to other facilities, a reduction in infection rates would benefit residents. The UTI infection rate was analysed for trends. It was identified that staff routinely undertook urinalysis whenever a resident presented with delirium, this common resulted in a referral to the GP for antibiotic. Resident with urinary catheters were represented highly on the data collection for UTI and further investigation noted that catheter care was an area for improvement.</p> <p>Staff education included: catheter care, nursing interventions and factors to consider when a resident presents with delirium, registered nurse education around indicators for infection and urinalysis. Simplified graphs were presented to staff and increased staff education such as toolbox talks and handover reinforcement was implemented. Ideal products to be used and increased fluid rounds in hot weather were identified, discussed at staff/quality meetings and implemented.</p> <p>As a result of this analysis and addressing of trends, the service wide urinary tract infection rate has dropped from 35 UTIs for the period Jan to June 2015 to 17 for the same period 2016 with a continued downward trend in each of the three units. Other infections show a similar trend.</p>

End of the report.