

# Bupa Care Services NZ Limited - Lake Wakatipu Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Lake Wakatipu Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 27 October 2016      End date: 28 October 2016
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	32

# Executive summary of the audit

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## 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

Lake Wakatipu Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 35 residents. On the day of the audit there were 32 residents. The care home manager is appropriately qualified and experienced. Feedback from residents and relatives was positive.

This unannounced surveillance audit was conducted against a subset of the 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 and management.

This surveillance audit identified that the three shortfalls identified at the previous certification audit have not been fully addressed. Improvements are still required around timeframes, assessments and care plans. No additional improvements have been identified at this audit.

## 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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Residents and family are well informed including of changes in resident's health. The care home manager and clinical manager have an open door policy. Complaints processes are implemented and complaints and concerns are managed and documented and learnings from complaints shared with all staff.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Lake Wakatipu has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Lake Wakatipu is benchmarked against other Bupa facilities. Incidents documented demonstrated clinical assessment and follow-up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. An appropriate staff training programme is implemented. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

## 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.		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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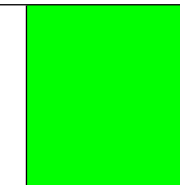
Resident records reviewed provide evidence that the registered nurses utilise the InterRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration. Resident files include 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 complete education and medicines competencies. The medicine electronic and paper records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner.

An activities programme is in place for residents. The programme includes community visitors and outings, entertainment and activities that meet 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. The organisational dietitian reviews the Bupa menu plans.

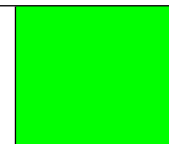
## Safe and appropriate environment

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.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness.

## 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.

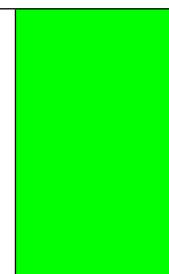


Standards applicable to this service fully attained.

There is a Bupa restraint policy that includes comprehensive restraint procedures including restraint minimisation. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There were no residents with restraint and one resident with an enabler at the time of the audit.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The 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)
<b>Standards</b>	0	15	0	1	2	0	0
<b>Criteria</b>	0	38	0	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The number of complaints received each month is reported monthly to care services via the facility benchmarking spreadsheet. The complaints procedure is provided to resident/relatives at entry and is displayed at the entrance to the facility. A record of all complaints per month is maintained by the facility using the complaint register. Discussion with five residents (four rest home and one hospital) and relatives, confirmed they were provided with information on complaints and complaints forms. Complaints reviewed were well documented including investigation, follow-up letter and resolution.</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 alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. Incident forms reviewed identified that family were notified. As part of the internal auditing system, incident/accident forms are audited and a criterion is identified around family being informed. Families provide instructions to staff regarding what they would like to be contacted about and when an accident/incident of a certain type occur. This is documented in the resident files.</p> <p>Two relatives (one rest home and one hospital) interviewed stated that they are always informed when their family members health status changes.</p>



		There is an interpreter policy and contact details of interpreters.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bupa Lake Wakatipu provides rest home and hospital (geriatric and medical) level care for up to 35 residents. All beds are dual-purpose. On the day of the audit there were 32 residents including 19 rest home and 13 hospital. There were three respite residents. One respite resident at hospital (medical) level care was under 65 years of age, and one rest home respite resident was under the age of 65 with a long-term chronic health condition. One further rest home respite resident was over the age of 65 years. All other residents were under the age-related contract.</p> <p>Lake Wakatipu has set specific quality goals for 2016 and there is monthly review of all goals at the various facility meetings.</p> <p>The care home manager has been in the role since 2013. She is supported by a clinical manager who has been at the service for over one year. Managers and clinical managers attend annual organisational forums and regional forums six monthly.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Lake Wakatipu has an established quality and risk management system. The service has policies and procedures that meet accepted good practice and adhere to relevant standards. Policies are current and staff are informed of updates and changes. Annual quality goals have been developed for 2016 and include clinical indicators (reduce medication errors, reduce falls rate, and reduce skin tears and bruising), provide meaningful activities and continue to facilitate staff training. Progress with achieving the annual goals is discussed at the various facility meetings.</p> <p>Key components of the quality management system link to the monthly quality, health and safety and infection control meetings, registered nurses' meetings and staff meetings at Lake Wakatipu. Weekly reports by the care home manager to Bupa operations manager, and quality indicator reports to Bupa quality coordinator provide a coordinated process between service level and organisation. The resident satisfaction survey for 2016 improved to 80% overall satisfaction from 72% overall satisfaction in 2015.</p> <p>There are monthly accident/incident and infection benchmarking reports provided to Lake Wakatipu for rest home and hospital level care. Internal audits are completed according to the Bupa schedule. Corrective action plans are developed when service shortfalls are identified.</p> <p>There is a comprehensive hazard management, health and safety and risk management programme in place. There are facility goals around health and safety.</p>

		<p>The health and safety committee meets monthly and there is a current hazard register for Lake Wakatipu.</p> <p>Falls prevention strategies are in place.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Individual incident reports sampled had actions and investigations documented. The data is linked to the organisation's benchmarking programme and this is used for comparative purposes. Incident reports are assessed for a means to prevent recurrence before being signed off. All incident forms reviewed documented immediate follow-up by a registered nurse, including completion of neurological observations for all unwitnessed falls or falls with a possible head injury.</p> <p>Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. Public health was promptly notified of a non-norovirus outbreak in July 2016. One stage 3 pressure injury had been reported via a section 31 notification to HealthCERT.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>A register of practising certificates is maintained. Five staff files reviewed included the clinical manager, one registered nurse, two caregivers and the cook. Files reviewed evidenced that employment procedures had been adhered to. All files reviewed included appropriate employment documentation. Up-to-date performance appraisals were evidenced for staff who had been employed for longer than 12 months.</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 (eg, RN, support staff) and includes documented competencies. Completed orientation booklets were in staff files. Staff interviewed (four caregivers, two RNs, one clinical manager, one activities person, one cook and one health and safety representative) were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>There is an annual education schedule that is being implemented. In addition, opportunistic education is provided by way of toolbox talks. Attendance at in service education sessions is recorded. A competency programme is in place with different requirements according to work type.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe</p>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes.</p> <p>There is at least one registered nurse on duty 24 hours per day. Additionally, the</p>

<p>service from suitably qualified/skilled and/or experienced service providers.</p>		<p>clinical manager and the care home manager are both registered nurses and work 40 hours per week. Additionally, an enrolled nurse works three morning shifts a week. Rosters reviewed evidence that sufficient and appropriate staffing is provided to meet the needs of the residents. The number of staff rostered can fluctuate according to resident occupancy and acuity. Interviews with relatives and residents all confirmed that staffing numbers were adequate. Caregivers interviewed stated that there were sufficient numbers of staff rostered on each shift.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medications are managed in line with current guidelines and legislation. The medication/treatment room is locked when not in use. Registered nurses administer medications. All staff administering medications have completed an annual medication competency. Registered nurses also complete an annual syringe driver competency.</p> <p>The service uses a blister pack system for medications. All medications are checked on delivery against the medication chart and discrepancies are fed back to the supplying pharmacy. There is a small supply of hospital stock kept in a locked cupboard in the medication room.</p> <p>The nine electronic medication charts and one paper medication chart sampled were clear and easy to understand, and they included photo ID and allergies. The medication instruction contained information on crushable medications and warfarin precautions. The service has recently transitioned to the electronic medication system. Paper based charts are still in use for warfarin and insulin and blood sugar level administration.</p> <p>All long term residents' medication charts sampled showed evidence of being reviewed by the GP three monthly. All prescribed medications had been electronically signed as administered including the effectiveness of 'as required' medications.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The Bupa Lake Wakatipu kitchen staff prepare and cook all meals on site in the main kitchen. The food is served directly from the kitchen to the dining room. There is a cook on duty daily that is supported by a morning and evening kitchenhand. All kitchen staff have an up-to-date food safety and hygiene certificate. There is a kitchen manual and a cleaning schedule. Personal protective equipment is worn as appropriate. There are Bupa seasonal menus on a six weekly cycle and these have been approved by a consultant dietitian. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary</p>

		requirements. Special diets and allergies are written on the kitchen whiteboard. Normal and moulied meals are provided. Fridge and freezer temperatures are recorded daily (sighted). Temperatures are recorded on all chilled and frozen food deliveries. All food in the chiller, fridges and freezers are dated. Stock is rotated by date. The kitchen is well equipped. Food satisfaction surveys are done annually. Residents and relatives interviewed spoke positively about the food provided.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	PA Moderate	Bupa assessment booklets were comprehensively completed on admission for the three (of five) permanent resident files reviewed. Two respite residents had an initial assessment completed on admission. The assessment booklet provides in-depth assessment across all domains of care. The InterRAI assessment tool had been completed for three residents but not within the required timeframes (link 1.3.3.3). Additional risk assessment tools are available, however these have not been used for all residents as required. The previous audit finding remains.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate	Long-term care plans for three (of five) residents were well documented and each aspect of care and interventions required were recorded in sufficient detail to guide staff. The two respite resident files reviewed each had a short stay care plan developed on admission, however, neither care plan reviewed had sufficient information recorded to address the needs of the residents. The previous audit finding remains.
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 resident files reviewed had a documented care plan however; care plans did not fully describe all current needs (link 1.3.5.2). When a resident's condition changes, the RN initiates a GP visit or nursing specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status.  Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.  Wound assessment, wound management and evaluation forms and short-term care plans were in place for 11 wounds (eight skin tears, two lesions and one leg ulcer) and three pressure injuries.

		Monitoring charts were utilised for weight and vital signs, blood glucose, food and fluid, turning charts and behaviour monitoring as required.
<p><b>Standard 1.3.7: Planned Activities</b></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>	FA	<p>Activities are provided over the seven day period. The activities coordinator interviewed works Tuesday to Saturday. Another activities assistant works five mornings a week Monday to Friday. Caregivers provide activities on Sundays. One-on-one time is provided for those residents who are unable or choose not to join in group activities. 'My day, my way' is completed for all residents as well as a Map of Life to form the basis of the activities care plan. Group activities are voluntary. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The service has a van that is used for resident outings. The group activity plans were displayed on noticeboards around the facility. Activities provided include exercises, walking group, knitting, van outings, indoor bowls, quizzes, book club, church services and Pilates. Community groups attend the service including pet therapy and the local Salvation Army play group. The resident files reviewed included a section of the care plan was for activity and has been reviewed six monthly. Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via meetings and surveys. The organisation has an occupational therapist that oversees the activity programme, is available for activity staff to discuss recreational programmes and provides education for activity staff twice a year. The residents are maintaining links with the community and are continuing activities they participated in outside of the facility.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>In files sampled care plan evaluations were documented by the registered nurses. Six monthly multi-disciplinary reviews (MDT) were completed by the registered nurse with input from caregivers, the GP, the activities coordinator and if applicable the physiotherapist in the three long-term files sampled. Family are invited to attend the MDT review. Files sampled also had short-term care plans available to focus on acute and short-term issues. These were evaluated regularly and signed off when resolved or transferred to the long-term care plan.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The service displays a current building warrant of fitness which expires on 1 July 2017.</p>

<p><b>Standard 3.5: Surveillance</b></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>	<p>FA</p>	<p>The infection control coordinator (registered nurse) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. Infection control data is collated monthly and reported at the quality, infection control and staff meetings. The infection control programme is linked with the quality management programme.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. A non-norovirus outbreak was appropriately managed in July 2016 including notifications to Public Health South completed and subsequent recommendations actioned.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint policy in place that states the organisations philosophy to restraint minimisation. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0.</p> <p>Currently the service has no residents on restraint and one with an enabler. Residents using enablers have voluntarily signed a consent form. An assessment has been completed. Restraint education and audits have been completed. Restraint use is reviewed six monthly.</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 1.3.3.3</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>	PA Low	<p>InterRAI assessments had been reviewed six monthly for the three permanent resident's files reviewed. However, the initial InterRAI assessment had not been completed within 21 days of admission. The long-term care plans for two of three permanent residents had been completed within three weeks of admission. The two respite resident files reviewed (one rest home and one hospital) both had an initial assessment and short stay care plan developed on admission. Care plans reviewed lacked sufficient detail and interventions (link 1.3.5.2). Care plan evaluations have been completed at six monthly or more frequent intervals.</p>	<p>i) The InterRAI assessment was not completed within 21 days of admission for one hospital (seven weeks) and two rest home resident files reviewed (three months and five weeks).</p> <p>ii) One rest home resident did not have a long-term care plan developed within three weeks of admission (three months).</p>	<p>Ensure that all aspects of assessment and care planning are completed within the required timeframes.</p> <p>60 days</p>
Criterion 1.3.4.2	PA	The InterRAI assessment and six monthly reviews have been completed for three	i) One respite hospital level resident with pressure injuries and mobility	Ensure that risk assessment tools are

<p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	<p>Moderate</p>	<p>permanent resident files reviewed (one hospital and two rest home). Risk assessments have also been completed for falls risk and pressure risk. The two respite residents (one hospital and one rest home) had an initial assessment completed but risk assessments had not been completed where required.</p>	<p>issues did not have risk assessments completed for pressure, falls, nutrition or continence.</p> <p>ii) One respite rest home level resident with co-morbidities did not have risk assessments completed for falls, pressure, nutrition or pain.</p>	<p>completed where required.</p> <p>60 days</p>
<p>Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA Moderate</p>	<p>A 'my day, my way' profile is developed for each resident on admission. This along with the InterRAI assessment completed (link 1.3.4.2), forms the basis of a personalised care plan. Short-term care plans had been written for infections, pain, weight loss, and wounds. The long-term and short-term care plans reviewed were detailed and described the care and interventions required to care for the resident. The two respite residents short stay care plans did not fully describe all the care requirements for the residents.</p>	<p>One hospital level respite resident short stay care plan did not include interventions for pressure area care, or care of a catheter and one rest home level respite resident with dietary, fluid restrictions, continence, anxiety and pain issues did not have interventions fully recorded in sufficient detail to guide care staff.</p>	<p>Ensure that all care plan interventions (both long term and short stay) are fully documented to guide staff in the care of the resident.</p> <p>30 days</p>



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

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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
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End of the report.