

# Bupa Care Services NZ Limited - Mary Shapley Rest Home & Hospital

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## 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Mary Shapley Rest Home & 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: 4 April 2017      End date: 5 April 2017
<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>	78



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

## General overview of the audit

Mary Shapley is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 78 residents. On the day of audit there were 78 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 general practitioner.

The service is managed by a care home manager and clinical manager. The care home manager and clinical manager are well qualified for their roles. They are supported by a regional operations manager, registered nurses and care staff. The residents and family interviewed spoke positively about the care and support provided.

The service is commended for achieving two continual improvement ratings relating to implementation of the quality system and the activity programme.

One improvement has been identified around an aspect of care planning.

## 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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Staff strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Code of Health and Disability Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

## 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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The care home manager is supported by the clinical manager, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities are conducted, which generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. A comprehensive education and training programme has been implemented. Appropriate employment processes are adhered to. The staff roster schedules sufficient and appropriate cover for the effective delivery of care and support.

## 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 low risk.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is sufficient information gained through the initial support plans, specific assessments and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified that the integration of allied health and a team approach is evident in the overall resident file. There is a three-monthly general practitioner review. The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings and celebrations. Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on-site. This includes consideration of any particular dietary preferences or needs.

## 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 is single story. There is a current warrant of fitness and an approved fire evacuation plan. There are effective waste management systems in place and chemicals are stored safely. Residents' rooms are single accommodation. Some rooms have their own ensuite, some have shared ensuite facilities and a minority of rooms use communal toilets and showers. External areas are safe and well maintained. The facility has a van available for transportation of residents. Staff that transport residents hold current first aid certificates. There are several lounges throughout the facility and spacious dining rooms in the rest home and hospital wings. Activities occur throughout the facility. Dedicated staff manage cleaning. All laundry is managed on-site. There are systems in place for emergency management and there is at least three days of emergency supplies stored on-site. All key staff hold a current first aid certificate. The facility is light and ventilated. The home is warm and bedrooms personalised. Maintenance is routinely carried out by the service. There is a designated smoking area within the grounds.

## 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, there were two hospital level residents using restraint and four residents using an enabler. Restraint management processes are adhered to.

## 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 programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer is responsible for coordinating/providing education and training for staff. The clinical manager and the Bupa quality and risk team supports the infection control coordinator. 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 officer 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. 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>	1	48	0	1	0	0	0
<b>Criteria</b>	2	98	0	1	0	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the care home manager/registered nurse (RN), clinical manager/RN and staff (three caregivers, two registered nurses (RNs) and two activities staff) confirmed their familiarity with the Code. Interviews with seven residents (five rest home and two hospital) and six relatives (three with family at hospital level and three family at rest home level care) confirmed the services being provided are in line with the Code. The Code is discussed at resident and staff meetings.</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</p>	FA	<p>The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident in all nine resident files reviewed. General consent forms were evident in the nine files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal care, entering rooms and so on. Enduring power of attorney evidence is sought prior to admission and activation documentation is obtained and both are filed with the admission agreements. Where legal processes are ongoing to gain EPOA, this is recorded, as are letters of request to families for the supporting documentation. Residents interviewed confirmed that consent was obtained before undertaking any care or treatment.</p>

give informed consent.		
Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	A policy describes the role of advocacy services. Staff receive annual training on advocacy services, provided by a representative from the Health and Disability Advocacy Service. Information about accessing advocacy services information is available in the entrance foyer and includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family with advocacy information. The complaints process also includes informing the complainant of their right to contact the Health and Disability Advocacy Service. Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community.	FA	Residents are encouraged to be involved in community activities and maintain networks with family and friends. Care staff interviewed reported that residents are encouraged to build and maintain relationships. The residents and families interviewed confirmed this and that visiting can occur at any time. All residents and in particular the resident on the Young Persons with Disability (YPD) contract, are encouraged to maintain their independence and links to the community with examples provided.
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager using a complaints' register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC).  Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at reception.  Thirteen complaints received in 2016 were reviewed in their entirety and reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken. A trend was noted around aspects of environmental cleaning which were addressed. All complaints were signed off by the care home manager as resolved.
Standard 1.1.2: Consumer Rights During Service Delivery	FA	Posters display the Code throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. On entry to the service, the care home manager or clinical manager discusses the Code with the resident and family/whānau. The information

Consumers are informed of their rights.		pack is given to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The service has policies that align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff were observed gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented and staff undertake annual training on abuse and neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs  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.	FA	The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. Staff training includes cultural safety. Two Māori residents interviewed reported that their cultural values and beliefs were being met by the service. The service has established links with local Māori advisors. All communal areas, bathrooms and toilets have signs in both te reo Māori and English.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and	FA	The service has established cultural policies aimed at helping to meet the cultural needs of its residents. All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment, including the residents' cultural beliefs and values are used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents and were able to provide examples of ways this is being achieved.

respect their ethnic, cultural, spiritual values, and beliefs.		
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee (sighted in all nine employees' files audited). Professional boundaries are defined in job descriptions. Interviews with all staff 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.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	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 GP visits the facility two days a week and provides an after-hours service. The general practitioner (GP) reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. The GP interviewed is satisfied with the level of care that is being provided.</p> <p>The service receives support from the district health board, which includes visits from the Age Related Residential Care (ARRC) clinical nurse specialist who visits fortnightly, mental health and the local hospice team. Physiotherapy services are provided by the community physiotherapist. A dietitian is also available for consultations. 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. The service is benchmarked against the rest home and hospital services data. If the results are above the benchmark, a corrective action plan is developed and implemented by the service.</p> <p>The service demonstrated a number of examples of good practice including the restraint minimisation, increased attendance at the exercise programme, education and achievement of staff personal best goals (link to 1.3.7.1, 1.2.3.7 and 1.2.7.5).</p>
Standard 1.1.9: Communication Service providers	FA	Residents and family interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fifteen incidents/accidents forms were viewed. The accident/incident form includes

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>a section to record family notification. All 15 forms indicated family were informed. Families interviewed confirmed they were notified of any changes in their family member's health status.</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>Mary Shapley is a Bupa residential care facility. The service currently provides care for up to 78 residents at hospital and rest home level care. Twenty-five beds are designated dual purpose beds in the hospital. On the day of the audit there were 78 residents (34 rest home and 44 hospital including 1 resident on a YPD contract).</p> <p>Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>Mary Shapley is part of the midlands 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 weekly report to the Bupa operations manager. The operations manager teleconferences monthly and completes a report to the director of care homes and rehabilitation.</p> <p>A quarterly report is prepared by the care home manager and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve the services 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 indicators with another two NZ providers is also in place. The care home is benchmarked against the rest home and hospital key indicator data.</p> <p>The care home manager has been in the role since 2013. The clinical manager has been in the role for two years. Staff spoke positively about the support/direction provided by 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</p>	<p>FA</p>	<p>The clinical manager undertakes the role of care home manager during brief absences, with support from the regional manager. A Bupa relieving manager covers the role of the care home manager for extended periods.</p>

manner which ensures the provision of timely, appropriate, and safe services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to): residents' falls, infection rates, complaints received, restraint use, pressure areas, wounds and medication errors. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. This service evidences a continuous improvement around data analysis. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are established, implemented and are signed off when completed.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the Health and Safety Committee. Nine health and safety representatives were interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. An employee health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety Plan.</p> <p>Falls prevention strategies include a comprehensive investigation of residents' falls on a case-by-case basis to ensure that strategies to reduce falls have been implemented. The facility has purchased beds that can be lowered to low levels and sensor mats. A community physiotherapist oversees falls prevention exercise classes. The service has a Health and Safety Committee which meets monthly and is made up of staff from across the service. A hazard register is in place and was observed to be current.</p>
Standard 1.2.4: Adverse Event Reporting	FA	Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations are conducted for

<p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications with examples provided.</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 management policies in place that include recruitment and staff selection processes. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are held for all health professionals. Nine staff files were reviewed (one clinical manager, two registered nurses, two caregivers, one cleaner, one laundry staff, one kitchen manager and one administrator). Reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>There are regular qualified staff meetings, which have included case reviews and education on specific interest topics. In addition, all qualified nurses have attended a yearly one-day education day sponsored by Bupa's quality and risk team.</p> <p>Staff are encouraged to undertake NZQA National Certificate in Support of the Older Person and to complete the NZQA dementia unit standards. Seventy-five per cent of caregivers have completed caregiver training pathways including foundation and core skills and residential limited credit programme (dementia). Three caregivers are completing health and wellbeing level 2. The activities assistant is completing the diversional therapy level 4 qualification.</p> <p>Thirty staff have attained Bupa Personal best bronze certificate, twenty-seven have attained silver and twenty-two staff have attained a gold personal best certificate.</p> <p>Residents and relatives interviewed reported that they felt that staff were sufficiently skilled.</p> <p>A robust education and training programme is in place for the registered nurses that includes case reviews and education on specific topics of interest. All nurses attend an annual education day sponsored by Bupa. Nursing staff are encouraged to complete the professional development recognition programme (PDRP). To date, 20% of the nursing staff have achieved this high standard.</p> <p>Education and training programmes are promoted with evidence of high in-service attendance rates. In addition, opportunistic education is provided by way of toolbox talks. RN competencies include: assessment tools; BSLs/Insulin admin; CD admin; moving &amp; handling; nebuliser; oxygen admin; restraint; wound management; and</p>



		subcut fluids. Though they have six RNs trained for interRAI, two of them are on parental leave. The facility has 100% completion on interRAI and MSH has been awarded for that from the team at Bupa Midlands during manager forums.
Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The staffing levels meet contractual requirements. The clinical manager is on call after hours with other registered nurses. The care home manager and clinical manager are available during weekdays. Adequate RN cover is provided 24 hours a day, 7 days a week. There are two RNs on duty (one in each of the two wings) on the morning and afternoon shift. One RN is on duty at night. Sufficient numbers of caregivers support RNs. Interviews with the residents, relatives and staff confirmed staffing overall was satisfactory.
Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The residents' 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. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrate service integration with only medication charts held in a separate folder as a backup, in case of an IT system failure.
Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The admission policy and resident information handbook outlines access, assessment and the entry screening processes. The local community and needs assessment and coordination agencies are familiar with entry criteria and how to access the service. The service operates 24 hours a day, 7 days a week. Comprehensive information about the service is made available to referrers, potential residents and their families. Sighted resident agreements contain all detail required under the Aged Residential Care Agreement. Family members and residents interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service.
Standard 1.3.10: Transition, Exit,	FA	The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and

<p>Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made. One file reviewed was of a resident that had been transferred to hospital acutely. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was well documented in progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There is a medication room in each wing. The controlled medication safe is located in the hospital treatment room. The service uses an electronic medication system.</p> <p>All medications were securely and appropriately stored. Registered nurses or senior caregivers, who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. Electronic medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors are recorded and fed back to the supplying pharmacy. A review of 18 electronic medication charts and signing charts evidenced that medications were given as prescribed. There is a list of specimen signatures and competencies. One self-medicating resident file was reviewed and included three-monthly competencies. All medication charts reviewed have 'as needed' medications prescribed with an individualised indication for use. Medication charts were evidenced to be reviewed at least three-monthly by the GP. The medication fridge in each area has temperatures recorded daily and these are within acceptable ranges. Electronic medication administration charts were signed as medication was administered during the observed medication round.</p> <p>Medication management audits are completed as part of the internal audit system.</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>	<p>FA</p>	<p>The kitchen manger oversees the food service at Bupa Mary Shapley. The food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and there is a national menu in place that has been audited and approved by an external dietitian (last reviewed October 2015). The summer menu rotates over a four-week cycle and the winter menu is a six-weekly cycle. There are policies in place to guide staff. Food is procured from commercial suppliers. All food is cooked on-site in a large kitchen. There is sufficient storage available. Stock rotation is practiced. Hot food temperatures are monitored daily on all meals (records sighted). Fridges and freezers have temperatures monitored daily. Chilled inward goods are temperature checked on delivery and prior to storage. Daily air temperatures are recorded. Commercial operators are contracted to manage kitchen waste disposal.</p> <p>Resident likes and dislikes are known, recorded in the kitchen and alternatives are offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes and is reviewed six-monthly, as part of the care plan review. Special diets (eg, soft and pureed diets) are noted on the</p>

		<p>kitchen noticeboard, which can be viewed only by kitchen staff. Meals are served from bain maries to the residents in the dining rooms and can be delivered to rooms as required. Specialist utensils and plates are available for residents.</p> <p>The resident annual satisfaction survey monitors food satisfaction. The kitchen is included in the internal audit programme. Staff have been trained in safe food handling and chemical safety.</p> <p>Residents and relatives interviewed commented positively on the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is policy in place regarding the process for declining entry. Consumers are declined entry when there are no beds available or, if the person has health needs that are not able to be provided by the facility. If a potential admission was declined entry, the consumer and where appropriate their family/whānau of choice, is informed of the reason for the decline and provided with other options where they can access services.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The facility has embedded the interRAI assessment protocols within its current documentation. Bupa assessment booklets 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. The assessment booklet provides in-depth assessment across all domains of care and is an add-on to the interRAI assessment. Files reviewed across the rest home and hospital identified that risk assessments have been completed on admission and reviewed six-monthly as part of the evaluation. Additional assessments for management of behaviour, pain, wound care and restraint were appropriately completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are</p>	PA Low	<p>Care plans reviewed demonstrated service integration with documented input from gerontology nurse specialist, wound care nurse specialist, physiotherapist, podiatrist and other allied health professionals. All resident care plans sampled were resident centred and support needs and interventions, however not all care plans were updated as resident status changed. Residents and family members interviewed confirm they are involved in the</p>

<p>consumer focused, integrated, and promote continuity of service delivery.</p>		<p>development and review of care plans.</p> <p>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.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>All care plans reviewed included documentation that meets the need of the residents. Where resident needs had changed, care plans had been updated. Interview with one GP evidenced that care provided is of a high standard and GPs are kept informed. Family members interviewed stated care and support is good and that they are involved in the care planning.</p> <p>Caregivers and RNs interviewed state there is adequate equipment provided, including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place. Wound management and monitoring occurred as planned. All have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as needed. Care plans document allied health input. There were two wound registers in the facility. A total of ten wounds were being treated at the time of audit (six skin tears, one stage I pressure injury, one skin abrasion and two chronic vascular ulcers). The wounds reviewed included a link to STCPs and LTCP. Wounds were evidenced to be reviewed within the specified timeframes. There is wound care specialist input where needed. Physiotherapy and dietitian input is provided for residents.</p> <p>Monitoring charts were well utilised and examples sighted included (but not limited to): weight and vital signs, blood glucose, pain, food and fluid, turning charts, behaviour monitoring and restraint monitoring.</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>CI</p>	<p>The activities team is led by an experienced activities coordinator. The team comprises of a divisional therapist (activities coordinator) and an activity assistant. The activity programme is run over seven days per week. The diversional therapist manages the exercise programme and others exercises as specified by the physiotherapist. The exercise programme is based on the Otago University falls prevention programme. The activity team have access to Bupa diversional therapy (DT) team at head office and attend the regional DT/activities regional study days with training and education including guest speakers.</p> <p>Each resident has an individual activities programme, which is reviewed when their plan of care is reviewed and as part of their interRAI assessments.</p> <p>There is a large room that is used for activities and residents are encouraged and assisted by staff, where required, to attend the group programme. There are ranges of activities offered. Variations to the group programme are made known to the residents. Individual programmes are delivered to residents in their rooms when they are unable to or choose not to participate in the group programme.</p>

		<p>The group programme covers physical, cognitive, social and spiritual needs. There are regular visiting entertainers and community groups. Targeted group programmes are offered as appropriate to meet the needs of the residents. There is Catholic Church service weekly and some residents attend church services in the community. Rest home and hospital residents have the opportunity to go on outings using the service's van or alternative transport arrangements. An activities assistant accompanies the activity coordinator on outings. The activities coordinator drives the van and she has a current drivers licence.</p> <p>Residents have the opportunity to provide feedback on the activity programme through the resident meetings and resident satisfaction surveys.</p> <p>Residents and relatives interviewed were satisfied with the activities programmes on offer. The service has exceeded the standard.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans reviewed had been evaluated by registered nurses six-monthly to monitor progress towards the achievement of the desired goals. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing need. The six-monthly multidisciplinary review involves the RN, GP, activities staff, physiotherapist (if involved) and resident/family. The family are notified of the outcome of the review by phone call and if unable to attend, they receive a copy of the reviewed plans. There is at least a three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>
<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>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed and the resident was reassessed for a higher or different level of care. Discussion with the clinical manager and two registered nurses identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services. The one YPD resident is assisted to access community groups and health services as needed.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There is an effective system of waste management in place. Used linen is appropriately managed and the laundry is managed by an experienced laundry manager. Chemicals are supplied by an external contractor and stored securely throughout the facility when not in use. Appropriate policies are available along with chemical product safety charts. Education on hazardous substances occurs at orientation and is included in in-service training. There is appropriate signage throughout regarding chemical storage and hazards. There is personal protective equipment available for use by staff and this was in use on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires June 2017. The facility employs two maintenance staff. There are proactive and reactive maintenance management plans in place. Contracted providers test equipment. Electrical testing of non-hard wired equipment was last conducted in March 2017. Medical equipment requiring servicing and calibration was last conducted in September 2016. There are hazard management systems in place to ensure the physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents and any visitors to the facility. Residents have adequate internal space to meet their needs. External areas are safe and well maintained. The facility has two vans (one wheelchair accessible) available for transportation of residents. Those transporting residents are designated drivers. They hold a current driver's license and a current first aid certificate.</p> <p>The external areas are well maintained and gardens are attractive. There is garden furniture and plenty of shade. There is wheelchair access to all areas.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene</p>	<p>FA</p>	<p>The facility has two wings. There are showers and toilets throughout the facility. There are adequate visitor and staff toilet facilities available. Communal toilets and bathrooms have appropriate signage and shower curtains installed. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning.</p> <p>Water temperatures are monitored and temperatures are maintained at or below 45 degrees Celsius. Residents interviewed report their privacy is maintained at all times.</p>

requirements or receiving assistance with personal hygiene requirements.		
<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	Resident rooms are spacious. Walking frames, wheel chairs and hoists can be manoeuvred around the bed within the rooms, if required. Residents requiring transportation between rooms or services can be moved from their room either by trolley or by wheelchair.
<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	There are several lounges throughout the facility and combined lounge/dining rooms. Residents are able to move freely. Activities occur throughout the facility. There are quiet areas if residents wish to have some quiet time or speak privately with friends or family.
<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</p>	FA	The service identified an issue with the standard of cleaning via a trend identified from complaints received in 2016. A corrective action plan was developed and the issue has been resolved. All laundry is completed on-site by dedicated laundry staff. There are dedicated cleaning staff. The cleaners have access to the appropriate equipment and chemicals. Cleaning equipment and cleaning chemicals are stored securely when not in use. The internal auditing system and the satisfaction surveys monitor cleaning and laundry services. Cleaning staff receive training at orientation and through the in-service programme. There are policies in place to guide practice.

service is being provided.		
<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>There is an approved evacuation scheme dated 4 December 2012. There is a comprehensive civil defence and emergency procedures manual in place. The civil defence kit is readily accessible in a storage cupboard. The kit includes an up-to-date register of all residents' details. The facility is well prepared for civil emergencies and has emergency lighting and BBQs. A store of emergency water is kept. An emergency food supply that is sufficient for three days, is kept in the kitchen. Extra blankets are also available. Hoists have battery packs and there are batteries that can be used to operate electric beds in the event of a power failure. Oxygen cylinders are available for use in the event of a power failure. There is a list of names and contact details of staff so that they can easily be contacted in an emergency. At least three days stock of other products such as medicines, continence products and PPE is held on-site. There is a store cupboard of supplies necessary to manage an outbreak of infection. All key staff hold a current first aid certificate. The facility is secured during the hours of darkness and staff are security conscious. Appropriate training, information and equipment for responding to emergencies is provided. Staff training in emergency management occurs. The latest fire evacuation was held in February 2017. Fire evacuation drills are held at least six-monthly. The call bell system is available in all areas and there are indicator panels in each area. During the tour of the facility, residents were observed to have easy access to the call bells. Residents spoken to stated that their bells are answered promptly.</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 is light and airy and able to be ventilated by opening external windows and doors. The facility has radiators and ceiling heating, which can be controlled in each area/room. Rooms are well ventilated and light. Facility temperatures are monitored. There is a sheltered designated smoking area outside, which is used by mobile residents.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of</p>	FA	<p>Bupa has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. The clinical manager is the designated infection control officer with support from the registered nurses and other Bupa infection control coordinators. The IC team meets as part of the quality team meeting to review infection control matters. Minutes are available for staff. Regular audits have</p>



<p>infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>been conducted and education has been provided for staff. The infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</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>FA</p>	<p>There are adequate resources to implement the infection control programme at Mary Shapely. The infection control (IC) officer has maintained best practice by attending infection control updates. The infection control team is representative of the facility. External resources and support are available when 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</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>

the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The facility is committed to the ongoing education of staff and residents. Education is facilitated by the infection control officer who has completed training to ensure knowledge of current practice. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Information is provided to residents and visitors that are appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality and staff meetings. Benchmarking occurs against other Bupa facilities.</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 officer. Infection control data is collated monthly and reported at the quality 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 GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. The facility had a suspected gastro outbreak in 2016 and all infection control precautions were implemented. Laboratory results did not confirm any infectious outbreak.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the care staff confirmed their understanding and the differences between restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had four residents who had voluntarily requested an enabler and two residents requiring the use of a restraint. A review of six resident files (four enablers and two restraint) evidenced an assessment, consent and review process have been completed.</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>The restraint approval process is described in the restraint minimisation policy. The roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood, as evidenced in interviews with the restraint coordinator and care staff. The restraint approval form identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</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>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator/RN in partnership with the resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>Two hospital-level residents' files were reviewed where restraint was in use. Ongoing consultation with the resident and family/whānau were evident. Completed assessments considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints include bed rails and lap belts. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialed before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident and family and the restraint coordinator. The use of restraint is linked to the residents' care plans. Internal audits measure staff compliance in following restraint procedures. Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form, evidenced in two residents' files where restraint was in use.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for all residents requiring restraints and enablers.</p>

<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the ongoing reassessment of residents on the restraint register and as part of the care plan review. Families are invited to be included as part of this review. A review of two files of residents using restraints identified that evaluations were up to date.</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>	FA	<p>Restraint coordinators from the Bupa aged care facilities discuss and review restraints at the six-monthly Bupa teleconference restraint meetings. Meeting minutes include (but are not limited to) a review of the restraint and challenging behaviour education and training programme for staff and review of the organisation's restraint policies and procedures.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Low	Four care plans from the rest home and five hospital care plans were reviewed for this audit. All nine from the rest home and hospital had in-depth care plans that included most of the assessed needs. However, two of the nine care plans reviewed had not been updated to include changed resident needs (noting the care was being provided).	(i) One hospital level resident with a stage I pressure injury: the care plan had not been updated to reflect the use of an alternating air wave mattress on bed and gel cushion when sitting in chair. Both pieces of equipment were sighted in use; and (ii) One rest home resident assessed as a high falls risk: the care plan had not been updated to reflect intentional rounding and use of a sensor mat implemented as part of the falls prevention strategy. Due to care being implemented and it only being a documentation shortfall, the risk has been assessed as low.	(i)-(ii) Ensure care plan is updated when there is a change to resident need.  90 days

## 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, 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
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Quality data is trended and analysed in a comprehensive manner. Staff are kept well-informed regarding results, evidenced in meeting minutes, information posted in the staff room and through interviews with staff. A range of improvements have been identified through quality and risk management processes.	A key indicator of quality of care is the monthly benchmarking data. Analysis of benchmarking data reflected a rate per 1000 occupied bed days and evidenced that episodes of challenging behaviour has trended downward for the past two years and has remained below the reference range since December 2015. Bruising has reduced significantly and has remained below the benchmark reference range since May 2016. Restraint and enabler use has reduced from January 2016- to date. Restraint use reduced by 50% during this period. An initiative to reduce the incidents related to moving and handling has also evidenced and improved outcome. In 2015, there were six incidents reported in this category and in 2016 this had reduced to three. Quality initiatives are in place to reduce falls and skin tears in 2017.

<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>All residents are assessed at admission and in an ongoing manner to establish interests and skills. A plan is developed for the residents around activities. The activity programme has been reviewed and improved, with resident input, resulting in significantly higher attendance at activities.</p>	<p>The community physiotherapist interviewed praised the diversional therapist who has on consultation with the physiotherapist introduced a successful exercise programme for residents. The programme includes both group and individual exercise programmes. Attendance at the exercise programme has increased from an initial 12 residents who could only manage a 15-minute exercise routine, to 35 residents who now attend the daily group programme. As the stamina of residents has increased, the exercise class now runs for an hour daily at the request of the residents. There is an individual exercise programme provided to those residents who do not participate in group activities. The community physiotherapist reported that four hospital residents who were initially bedbound on admission, are now mobilising good distances with the aid of a walking frame. The use of enablers required has also decreased from eleven in January 2016 (when the exercise programme was introduced) to four in December 2016. Residents interviewed reported that attending the exercise programme had resulted in an increase in strength, improved balance and confidence, therefore they no longer needed the enablers to assist them.</p>
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End of the report.