

# Bupa Care Services NZ Limited - St Kilda Care Home

---

## 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>	St Kilda Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 11 August 2017 End date: 11 August 2017
<b>Proposed changes to current services (if any):</b>	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	75

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

St Kilda Care Home is part of the Bupa group. The service is certified to provide rest home, hospital (geriatric and medical) and dementia level care for up to 80 residents. On the day of the audit there were 75 residents. The care home manager is appropriately qualified and experienced. Feedback from residents and relatives was positive about the care being provided.

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 resident's and staff files, observations and interviews with residents, relatives, staff and management.

The one shortfall identified at the previous audit has been addressed. This was around ensuring corrective actions are consistently documented and include evidence of implementation.

This audit identified further improvements are required around the monitoring timeframes on neurological observation forms completing reviews and ensuring interventions and required monitoring are documented for all changes in health status.

## 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.
--	--	--

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 learning's 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.		Some standards applicable to this service partially attained and of low risk.
---	--	---

St Kilda 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. The facility is benchmarked against other Bupa facilities. Incidents documented demonstrated immediate 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. 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 low risk.
--	--	---

The registered nurses are responsible for each stage of service provision. The registered nurse assesses and reviews resident's needs, outcomes and goals at least six-monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurse and senior caregivers responsible for administration of medication complete annual education and medication competencies. The electronic medicine charts had been reviewed by the general practitioner at least three-monthly.

An activity plan is coordinated and implemented for the residents across seven days of the week. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents. Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on-site. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines. Dislikes are accommodated.

## 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.
--	--	--

A current building warrant of fitness is posted in a visible location.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	--	--

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 was one restraint and one enabler being used.

## 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 prevention and control programme includes policies and procedures to guide staff. A monthly infection control meeting is held, trends identified and acted upon. Benchmarking occurs and a six-monthly comparative summary is completed.

## 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	14	0	2	0	0	0
<b>Criteria</b>	0	37	0	2	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy describes the management of the complaints process. There is a complaint's form available. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints. There is a complaint register. Thirteen complaints made in 2016 and seven complaints received in 2017 year-to-date were reviewed. All complaints have noted investigation, timelines, corrective actions when required and resolutions. Any corrective actions developed has been followed up and implemented. Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Twelve accident/incident forms reviewed identified family are kept informed. One relative (hospital) interviewed confirmed that they are kept informed when their family member's health status changes. Eight residents (five rest home and three hospital) interviewed, stated that they were welcomed on entry and were given time and explanation about the services and procedures.</p>

communication.		An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. An introduction to the dementia unit booklet provides information for family, friends and visitors visiting the facility. This booklet is included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>St Kilda Care Home is part of the Bupa group of aged care facilities. The facility has a total of 80 beds. This includes a 20-bed secure dementia unit, 10 rest home beds and 50 hospital beds. The rest home and hospital beds are all designated as dual-purpose. On the day of the audit there were 75 residents in total, 18 residents in the dementia unit, 31 rest home residents (including one resident on respite) and 26 hospital residents (including one resident on palliative care). All other residents were under the Aged Related Residential Care (ARRC) contract.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. St Kilda is part of the Midlands Bupa region and the managers from this region meet bi-monthly to review and discuss the organisational goals and their progress towards these. The operations manager teleconferences monthly and completes a report to the director of care homes and rehabilitation. St Kilda has a number of quality goals and these also link to the organisations quality and health and safety goals. A quarterly report is prepared by the care home manager and sent to the Bupa continuous service improvements (CSI) team on the progress and actions that have been taken to achieve the St Kilda quality goals.</p> <p>The care home manager has been in the role since January 2017, she has previous experience as a clinical manager with Bupa. The care home manager was absent at the time of the audit. She is supported by a clinical manager (CM) who has been in the role for three months. The CM has over five years' experience in clinical roles at another Bupa facility. Staff spoke positively about the support/direction of the current management team. The operations manager supports the management team and was present during the days of the audit.</p> <p>The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	FA	A quality and risk management system is being implemented into practice. Quality and risk performance is reported across facility meetings and to the operations manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. 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. Policies are regularly reviewed. New policies or changes to policy are

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>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 injuries, wounds and medication errors. Quality improvement corrective actions were consistently documented and included evidence of implementation. The previous certification audit finding has been addressed. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are developed when service shortfalls are identified and signed off when completed.</p> <p>Health and safety goals are established and regularly reviewed. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored by the health and safety committee. A health and safety representative (household supervisor) was interviewed about the health and safety programme. 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 (Smile) is in place, which is linked to the overarching Bupa National Health and Safety Plan. There was an annual resident/relative satisfaction survey completed in September 2016 with a 91% overall satisfaction rate.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and use of low beds.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>PA Low</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Fourteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. However, not all neurological observations were completed for resident falls that resulted in a potential head injury. Data collected on incident and accident forms are linked to the quality management system. The management team are aware of their requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Six staff files reviewed (one clinical manager, one RN, two caregivers, one kitchen manager/chef and one activities coordinator), evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of registered nursing staff and other health</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>practitioner practising certificates is maintained.</p> <p>The service has an 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. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. From this, they are then able to continue with Core Competencies Level 3, unit standards. These align with Bupa policy and procedures. Seventy four percent of the total staff have attained at least one Bupa Personal Best certificate. A total of 87% of caregivers have attained a Careerforce qualification.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the DHB. There are eight RNs and six have completed interRAI training. Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). There are a number of implemented competencies for registered nurses including insulin administration, moving &amp; handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, syringe driver and medication competencies. Staff training has included sessions on privacy/dignity, spirituality/counselling and social media to ensure the needs of younger residents are met.</p> <p>There were 10 caregivers that work in the dementia care unit, five have completed the required dementia standards and four were in progress of completing. The one caregiver yet to complete their dementia standards was employed within the past 12 months.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager and clinical manager who both work full-time from Monday to Friday. The care home manager and clinical manager share the on-call duties. Registered nurse cover is provided twenty-four hours a day, seven days a week. Separate laundry and cleaning staff are employed seven days a week.</p> <p>There are 18 residents in the Lamond dementia unit. Lamond has one RN on duty in the morning shift. There are two caregivers on duty in the morning and afternoon shifts and one caregiver on the night shift.</p> <p>The hospital/rest home beds are split into three units, Carbine has 25 residents (eight hospital and 17 rest home). Tavistock has 23 residents (18 hospital and five rest home) and Tristram has nine rest home residents. There are two RNs on duty on the morning and afternoon shifts (one in Carbine and one in Tavistock/Tristram) and one RN on the night shift (Carbine). The RNs are supported by adequate numbers of caregivers. In Carbine, there are four caregivers on duty in the morning and afternoon shifts and one caregiver on the night shift. In Tavistock there are four caregivers on duty in the morning, two on the afternoon shifts and one caregiver on the night shift. In Tristram there is one caregiver on duty in the morning and afternoon shifts.</p>

		Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers who administer medications complete annual medication competencies and education. The RNs had completed syringe driver, PEG feed and indwelling catheter competencies. Medications (robotic rolls) are checked on delivery against the medication chart and any discrepancies are fed back to the pharmacy. All medications are stored safely.</p> <p>Standing orders are not used. There was one self-medicating resident on the day of audit and three-monthly competencies had been reviewed by the GP and were stored on file. The medication fridge is monitored weekly. Twelve medication charts were reviewed. All medication charts had photo identification and allergy status documented. The GP reviews the medication charts at least three-monthly. The administration signing sheets reviewed identified medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food and baking is prepared and cooked on-site. The kitchen manager/cook is supported by a chef and three kitchenhands. Staff have been trained in food safety and chemical safety. There is an organisational four weekly seasonal menu that had been designed in consultation with the dietitian at an organisational level. Meals are delivered via bain maries to each of the four wings. The chef serves the food in the hospital wing. The cook receives a resident dietary profile for all new admissions and is notified of any dietary changes. Resident likes, dislikes and dietary preferences were known. Alternative foods are offered. Cultural, religious and food allergies are accommodated.</p> <p>Special diets such gluten free, dairy free, diabetic desserts and pureed/soft diets are provided. Nutritious snacks are available 24 hours in the dementia unit. Freezer and chiller temperatures and end cooked temperatures are taken and recorded daily. Corrective actions are in place and sighted for any issues. Chilled goods temperature is checked on delivery. Twice daily food temperatures are monitored and recorded. All foods were date labelled. A cleaning schedule is maintained. Kitchen staff were observed to be wearing appropriate personal protective clothing. Residents have the opportunity to provide feedback on the meals through resident meetings, survey and direct contact with the chef or cook.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive</p>	PA Low	<p>When a resident's condition alters, the RNs interviewed stated they initiate a review and if required, GP or nurse specialist consultation. There is documented evidence that family members were notified of any changes to their relative's health including (but not limited to): accident/incidents, infections, health professional visits, changes in medications and referrals/appointments. Residents interviewed state their expectations are being met. Not all</p>

<p>adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>interventions and monitoring requirements have been documented to meet the resident's needs.</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 three wound registers in the facility. A sample of wounds reviewed in detail included a link to STCPs and LTCPs. There is wound care specialist input where needed. Physiotherapy and dietitian input is provided for residents.</p> <p>The residents' files include a urinary continence assessment, bowel management plan and continence products used.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>A full time diversional therapist (DT) oversees the activities programme provided across seven days per week. An activities assistant works twenty-four hours over six days. She is also a music teacher. There are three programmes with a range of activities offered. There are separate rest home and hospital programmes with activities that meet the needs and preferences of the two resident groups, however many activities are integrated such as entertainment, as observed on the day of audit. Variations to the group programme are made known to the residents. Residents may choose to participate in any group programme. Individual programmes are delivered to residents in their rooms when they are unable to or choose not to participate in the group programme. There is a specific programme for the dementia residents. The group programme covers physical, cognitive, social and spiritual needs.</p> <p>There are regular visiting entertainers and community groups. Activities provided are meaningful and include (but are not limited to): newspaper reading, current affairs, reminiscing, crafts and quizzes. There are weekly van outings into the community areas of interest (eg, Avanti Drone where residents ride trikes) for residents. There is a 'music moves' (sit dance exercise) class that has now become part of the monthly programme. Community people visit and provide (but not limited to); pencil art sessions, piano sessions, pet therapy. There are two cats and birds residing in the home. There is a 'men's group' run by men where they go on outings to places of choice (last visited the airport). There is a 'sensory room' with (but not limited to) a lazy boy chair, sensory lighting, aromatherapy and music. The DT interviewed stated residents with behavioural challenges settle quickly once utilising the sensory room.</p> <p>There are monthly armchair travel theme days (over two days) to a country of choice. Residents, relatives and staff prepare for these theme days and participate on the day with decorations, wearing costume and tasting food from the chosen country. St Kilda opened a 'day care' for children in February 2017. Twenty to thirty children attend a morning once a month. Residents and relatives participate in activities with the children. A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six-monthly. Recreational preferences are age appropriate and meet the individual needs for aged care. The</p>

		service receives feedback on activities through one-on-one feedback, resident's meetings and surveys. Residents and relatives interviewed were satisfied with the activities programmes on offer.
Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans for long-term residents were evaluated by the RN within three weeks of admission and a long-term care plan developed. Three LTCPs reviewed had care plans evaluated six-monthly. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.
Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	A current building warrant of fitness is displayed in a visible location that expires 17 December 2017.
Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	There is a policy describing surveillance methodology for monitoring of infections. The infection control nurse/clinical manager collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the quality meetings and data is available to all staff, including graphs.  The service completes monthly and annual comparisons of infection rates for types of infections. Systems in place are appropriate to the size and complexity of the facility. An outbreak (vomiting and diarrhoea) was notified in June 2017. Samples were negative for norovirus. Since the outbreak a spot handwashing audit was completed in June 2017 and education had been provided for all staff.
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. There is one hospital resident requiring the use of bed rails as restraint and one hospital resident requiring the use of an enabler (bedrail). Use of an enabler

is actively minimised.		is voluntary. An assessment for restraint/enabler use and consent form were evidenced completed in the one restraint and one enabler file reviewed. The care plans reviewed documented the use of enabler or restraint and contained appropriate interventions.
------------------------	--	---

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Fourteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. However, not all neurological observations were completed for resident falls that resulted in a potential head injury.	Fourteen incident forms were reviewed in total. Five incident forms were reviewed for resident falls with a head injury. The neurological observations forms were not all fully completed.	<p>Ensure that neurological observations forms for any resident fall with a head injury are fully completed.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are</p>	PA Low	Monitoring occurs for food/fluid, neuro observations (link 1.2.4.3), vital signs, weight, blood glucose, pain and challenging behaviours. Risk assessment tools are utilised for the assessment of risk with outcomes informing the care	(i) One resident's (hospital) long-term care plan does not have interventions for fluctuations in weight and	Ensure interventions and required monitoring

<p>consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>plan. The care plans had not been updated to meet the current needs/supports for two long-term residents under ARCC contract.</p>	<p>weigh management as per dietitian instruction.  (ii) One resident (dementia) has no documented interventions for falls prevention and mobility management as per physiotherapist plan.</p>	<p>are documented for all changes in health status.  60 days</p>
---	--	--	---	--

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

---

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

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

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
--------------------

End of the report.