

Bupa Care Services NZ Limited - Winara Rest 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:

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| Legal entity: | Bupa Care Services NZ Limited |
| Premises audited: | Winara Rest Home |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 29 November 2017 End date: 29 November 2017 |
| Proposed changes to current services (if any): | |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 78 |

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

General overview of the audit

Bupa Winara rest home provides rest home, hospital (geriatric and medical) and dementia level care for up to 81 residents. During the audit, there were 78 residents. The care home manager and clinical manager are appropriately qualified and experienced. Interviews with residents and family member confirmed overall satisfaction with the care and service 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, family member, staff and management.

There were no improvements required from this unannounced surveillance audit.

An area of continuous improvement was identified around skin infections reduction.

Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. | | Standards applicable to this service fully attained. |
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Residents and family are well informed including of changes in resident's health. The care home manager and clinical manager have an open-door policy. Complaints processes are implemented, and complaints and concerns are managed and documented and learning's from complaints shared with all staff.

Organisational management

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| 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 Bupa Group governs the facility. Bupa has a business plan in place and the facility operates a quality plan, which includes goals for the calendar year. Goals are documented for the service with evidence of annual reviews. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. An annual resident/relative satisfaction survey is completed. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvement. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training for staff is in place. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

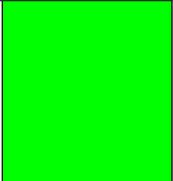
Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. | | Standards applicable to this service fully attained. |
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Assessments, care plans and reviews are completed by the registered nurses within the required timeframes. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medications are

prescribed and stored appropriately in line with legislation and guidelines. General practitioners review residents at least three-monthly or more frequently if needed. Meals are prepared on-site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are provided. Snacks are available in the dementia unit.

Safe and appropriate environment

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

Restraint minimisation and safe practice

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| 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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The service has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. There were no residents with enablers and six residents at hospital level were assessed as requiring a form of restraint (five lap-belts and four low beds).

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Standards | 0 | 16 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 1 | 38 | 0 | 0 | 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) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| Standards | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 0 | 0 | 0 | 0 |

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

| Standard with desired outcome | Attainment Rating | Audit Evidence |
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| <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>There is a complaints procedure to guide practice. The care home manager has overall responsibility for managing the complaints process at Winara. A complaint management record has been completed for each of the two complaints received in 2017 year-to-date. There were no complaints made in 2016. A record of all complaints per month had been recorded on the register. The register included relevant information regarding the complaint including date of resolution. Verbal complaints are included, and actions and response are documented. Complaints are reported to head office monthly. The complaints procedure is provided to resident/relatives at entry and also around the facility on noticeboards. Discussion with residents and family member confirmed they were provided with information on the complaint process. Complaint forms were visible for residents/relatives in various places around the facility. One complaint made through the local district health board (DHB) in 2017 was investigated and any corrective actions required have been fully followed-up and implemented.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</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 communication record, which is held in each resident's file. Twelve accident/incident forms reviewed for October and November 2017 identified family are kept informed. One family member (dementia care) interviewed stated that they are kept informed when their family member's health status changes. Six residents (one hospital and five rest home) interviewed stated they were welcomed on entry and were</p> |

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| <p>provide an environment conducive to effective communication.</p> | | <p>given time and explanation about the services and procedures. An introduction to the dementia care 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. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</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>Winara rest home is a Bupa residential care facility. The service currently provides care for up to 81 residents at hospital (geriatric and medical), rest home and dementia level of care. On the day of the audit, there were 33 hospital residents, 29 rest home residents (including two respite care residents) and 16 dementia care residents. All residents other than those on respite contracts are under the aged related residential care (ARRC) contract. There are 14 dual-purpose beds in the rest home unit.</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. Winara rest home is part of the Central group, which has ten facilities in the group. The operations manager meets with the managers from the region at least fortnightly to discuss the organisational goals and their progress towards these. A weekly report is prepared by the care home manager and sent to the operations manager and the Bupa continuous service improvements (CSI) team on the progress and actions that have been taken to achieve the Winara quality goals. The operations manager completes a monthly report to the director of care homes and rehabilitation.</p> <p>The care home manager is a registered nurse (RN) with a current practising certificate. She has been at Winara for over three and a half years and has been at Bupa for 10 years after previously working at the care home at another Bupa home since 2007. The care home manager is supported by an experienced clinical manager who has been in the role for four and a half years. Support is also provided by the operations manager who visits on a fortnightly basis and was present on the day of the audit.</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. Care home managers and clinical managers attend annual organisational forums and regional forums six monthly.</p> |
| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p> | <p>FA</p> | <p>Winara has a quality and risk management system that supports the provision of clinical care and support. Bupa has systematically been rolling out an electronic incident reporting system (Riskman) throughout the care homes. Riskman is currently being implemented in all of the care homes nationally. Quality and risk data results are discussed in the quality/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 established, implemented and are signed off when completed. There was an annual resident/relative satisfaction survey completed in April 2017 where the overall satisfaction rate was 93%. A corrective action plan is in place following feedback received around</p> |

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| <p>maintained quality and risk management system that reflects continuous quality improvement principles.</p> | | <p>food quality, activities and building/grounds maintenance.</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. 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. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</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>FA</p> | <p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Twelve accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a RN. Neurological observations are conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality and risk management system. The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required since the last audit.</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</p> | <p>FA</p> | <p>Human resources policies include recruitment, selection, orientation and staff training and development. Six staff files reviewed (one clinical manager, two RNs, two caregivers and one activities coordinator) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained. The orientation programme provides new staff with relevant information for safe work practice. There is an annual education and training plan in place that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction.</p> <p>Fourteen caregivers are employed to work in the dementia care unit with thirteen having completed their national dementia qualification. One caregiver is in the process of completing their qualification and has commenced work</p> |

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| <p>requirements of legislation.</p> | | <p>within the last 12 months. Registered nurses are supported to maintain their professional competency. Fourteen RNs are employed and twelve have completed their interRAI training. The care home manager and clinical manager are both interRAI trained. 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 RNs including insulin administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, syringe driver and medication competencies.</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>The staffing levels meet contractual requirements. The care home manager and clinical manager work full time and are available during weekdays. They are supported by a team of RNs. The care home manager and the clinical manager share the on-call after hours duties. Adequate RN cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support the RNs. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes and meet best practice.</p> <p>The facility is divided into three units. In the hospital unit there are 24 hospital residents, there is one RN on duty on the morning and afternoon shifts, and one on the night shift. There are four caregivers on duty in the morning and afternoon shifts and 1 caregiver on the night shift.</p> <p>In the rest home unit, there are 29 rest home residents, plus nine hospital level residents. There is one RN on duty in the morning and afternoon shifts, and one on the night shift. There are four caregivers on duty in the morning and afternoon shifts, and one caregiver on the night shift.</p> <p>In the dementia care unit there are 16 residents. There are two caregivers on duty in the morning and afternoon shifts, and one caregiver on the night shift. The clinical manager and hospital RN's oversee clinical support.</p> <p>Interviews with residents and a family member identify that staffing is adequate to meet the needs of residents.</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</p> | <p>FA</p> | <p>There are policies and procedures in place for all aspects of medication management, including self-administration. There are no residents self-administering medications. The service uses an electronic medication management system. An RN checks all medications on delivery against the medication chart and any pharmacy errors recorded are fed back to the supplying pharmacy. Medications are supplied in packs and are appropriately stored in accordance with relevant guidelines and legislation. The medication rooms in all areas are clean, secure and functional. The medication fridges have temperatures recorded and these are within acceptable ranges.</p> <p>All staff who administer medications have been assessed as competent. Annual medication competencies are completed on medication management and administration. Education around safe medication administration has been provided. Staff were observed to be safely administering medications on the days of audit. RNs and care staff interviewed could describe their role regarding medicine administration. Twelve medication charts were reviewed (four rest home, two from the dementia unit and six hospital). The prescribing of medication meets</p> |

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| guidelines. | | legislative prescribing requirements and administration records documented that medications are administered as prescribed. The medication charts and file notes reviewed identify that the GP has seen and reviewed the resident three-monthly if they are a long-term resident. |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | FA | <p>All meals at Winara are prepared and cooked on-site. There is a four-weekly seasonal menu which had been reviewed by a dietitian. Meals are delivered to each unit's dining area. Special dietary needs and food allergies are known with individual likes and dislikes accommodated. The kitchen manager interviewed was aware of the residents with known food allergies and dietary needs. Cultural and religious food preferences are met. Staff were observed assisting residents with their meals and drinks in the dementia unit and hospital. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services and there is a book in the main dining room where residents can enter comments.</p> <p>Residents and a family member interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes. Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded for each meal. The dishwasher is checked regularly by the chemical supplier. There is evidence that there are additional nutritious snacks available over 24-hours in the dementia unit. All food services staff have completed training in food safety and hygiene and chemical safety. Two days prior to audit the Ministry for Primary Industries had audited the facility for the food control plan. Four minor corrections were required, and an action plan had been documented with timeframes for completion.</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> | FA | <p>When a resident's condition alters, the RN initiates a review and if required, GP referral or to support (eg, the wound specialist). In the dementia unit, care staff could describe specific de-escalation techniques and strategies used to address individual resident's behavioural issues. Residents are weighed monthly. Nutritional requirements and assessments are completed on admission identifying resident nutritional status. Continence products are available and resident files include a urinary continence assessment, bowel management and continence products identified. Four RNs interviewed could describe access for wound and continence specialist input as required. Residents and the family member interviewed reported their needs were being met.</p> <p>On the day of audit, there were eight wounds documented for the rest home, dementia unit and hospital. The wounds included two skin tears, chronic ulcers, skin carcinoma and one pressure injury. General practitioner and wound care specialist input was documented as needed. Care plans reviewed clearly documented skin care, pain management, mobility, pressure relieving strategies and equipment that was in use for each resident and all wounds had appropriate assessments, management plans and regular reviews. Monitoring charts were in use, examples sighted included (but not limited to): weight and vital signs; blood glucose; pain; food and fluid; turning charts; and behaviour monitoring as required.</p> |

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| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | <p>FA</p> | <p>The service employs one qualified diversional therapist and two activities coordinators to deliver the activity programme. Winara employs a van driver with a current first aid certificate who drives the van for outings and also undertakes some additional activities such as pampering and arranging book club. There is a programme for each of the three areas and these are planned to over-lap, so there is a greater selection available to residents. The programmes in the rest home and hospital run 9.00 am to 5.00 pm Monday to Friday with the programme in the dementia unit being run seven days a week. There are resources available for care staff to use for one-on-one time with the resident. On or soon after admission, a social history is taken and information from this is fed into the care plan and this is reviewed six-monthly as part of the care plan review/evaluation. A record is kept of individual resident's activities. The family/resident completes a 'Map of Life' on admission, which includes previous hobbies, community links, family and interests.</p> <p>The individual activity plan is incorporated into the long-term care plan and is reviewed at the same time as the care plan in all resident files reviewed. Activity participation sheets were maintained in files sampled. Families are invited to the resident meetings. The service also receives feedback and suggestions for the programme through surveys and one-on-one feedback from residents (as appropriate) and families. Families and residents were satisfied with the activities programme provided. Residents from all levels of care were observed to be provided with and enjoying a wide range of activities. There is a range of activities offered that reflect the resident needs and participation is voluntary. The programme includes (but not limited to): pet visits; church services; art and crafts; intellectual stimulation, visits from the local pre-schoolers and music. There are regular entertainers to the home and residents go on regular outings (including to senior citizens, stroke club, art and crafts and drives). One-on-one time is spent with residents who are unable to or choose not to join in the group activities.</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 for long-term residents had been evaluated by RNs six-monthly. There is a multidisciplinary review documented. The multidisciplinary review involves the RN, GP, and any allied health member involved in individual resident care, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. Written evaluations described the resident's progress against the residents identified goals. The interRAI assessments have been utilised in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem.</p> |
| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an</p> | <p>FA</p> | <p>The building has a current building warrant of fitness that expires 2 June 2018.</p> |

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| appropriate, accessible physical environment and facilities that are fit for their purpose. | | |
| <p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p> | FA | <p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator 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 (entered on Riskman). 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. The service has continued a continuous improvement rating around the reduction of skin infections.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p> | FA | <p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers. At the time of audit there were six hospital residents requiring the use of a restraint. Restraints in use included lap belts and low beds. There were no residents using an enabler. Restraint files reviewed included an assessment and consent for use of a restraint.</p> |

Specific results for criterion where corrective actions are required

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

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

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

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| No data to display |
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| <p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p> | CI | <p>The service has an Infection Control Committee that meets monthly. Surveillance data is reviewed at this meeting and where required, quality improvement plans are developed.</p> | <p>The service implemented a quality improvement based on benchmarking data, which evidenced an increase in skin infections in 2016. Strategies implemented included tool box talks and education to increase awareness of risks and to reduce skin infections. A review of 2017 benchmarking data evidences that the total of skin infections across the three units have reduced from the raw data figure of 16 for 2016 to three for January to the end of November 2017.</p> |

End of the report.