

Bupa Care Services NZ Limited - Tararu Rest Home & Hospital

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: | Tararu Rest Home & Hospital | |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) | |
| Dates of audit: | Start date: 7 February 2018 | End date: 7 February 2018 |
| Proposed changes to current services (if any): | None | |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 56 | |

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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| 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

Tararu Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 62 residents at hospital and rest home levels of care. On the day of the audit there were 56 residents.

The care home manager has been in this role for over two years and had previously held the position of financial manager at Tararu for eight years. She is supported by a clinical manager/RN who has worked at Tararu for ten years and been in the role for seven years. Relatives and residents spoke positively about the service.

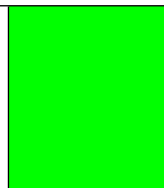
This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

This audit identified three shortfalls around meetings, care plan interventions and self-medication for residents.

Improvements continue to be required around medication management from the previous audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

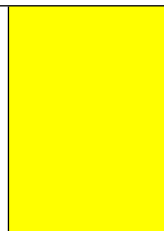


Standards applicable to this service fully attained.

There was evidence that residents and family are kept informed. Open disclosure is practiced. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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.

Services are planned, coordinated, and are appropriate to the needs of the residents. A facility manager and clinical manager are responsible for the day-to-day operations of the facility. A risk management programme is in place, which includes managing adverse events and health and safety processes. The facility is benchmarked against other Bupa facilities.

An annual resident/relative satisfaction survey is completed and there is documented resident/relative communication.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. Ongoing education and training for staff is in place.

Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

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| <p>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.</p> | | <p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
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Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files included medical notes by the contracted GP and visiting allied health professionals.

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

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group.

All food and baking is done on-site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

Safe and appropriate environment

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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 displayed.

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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Enablers are voluntary and the least restrictive option. There was one resident with restraint and six residents who required an enabler during the audit. Appropriate assessments, care planning, monitoring and evaluations are in place around restraint and enabler use. Enabler use is voluntary.

Infection prevention and control

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| 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. |
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control coordinator is appropriately trained. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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 | 13 | 0 | 2 | 1 | 0 | 0 |
| Criteria | 0 | 35 | 0 | 2 | 2 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| 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>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints is maintained by the facility manager using an electronic complaint 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.</p> <p>Discussions with the residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms, and a suggestions box are in a visible location at the entrance to the facility. There were no complaints in 2016. One complaint received in 2017 was reviewed with evidence of appropriate follow-up actions taken.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | FA | <p>Staff interviewed (one clinical manager, one facility manager, two registered nurses, four caregivers (two rest home, and two hospital)) showed understanding of open disclosure. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed identified family are kept informed. All four residents interviewed (two rest home level and two hospital level) said that communication with staff was good. The three families interviewed (all hospital level) stated that they are kept informed when their family</p> |

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| | | <p>member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>There is a site-specific introduction booklet providing information for family, friends and visitors visiting the facility included in the enquiry pack, along with a new resident's handbook providing practical information for residents and their families.</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> | FA | <p>Tararu Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 62 residents at hospital and rest home levels of care. On the day of the audit, there were 56 residents (23 hospital level and two rest home level residents in the 31-bed hospital and 31 rest home residents in the rest home wing). There were two residents in the two DHB transition short-term funded beds. There are seven dual-purpose beds. A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>The care home manager has been in this role for over two years and had previously held the position of financial manager at Tararu for eight years. She is supported by a clinical manager/RN who has worked at Tararu for ten years and been in the role for seven years.</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 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | PA Low | <p>A quality and risk management programme is documented. Interviews with the managers and staff reflect their understanding of the quality and risk management systems that have been put into place.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Quality and risk data, including trends in data and benchmarked results are discussed informally by the management team. Meetings have not all been held as scheduled</p> |

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| | | <p>and minutes reviewed do not all evidence that quality data is shared and documented as appropriate with staff and residents.</p> <p>The facility manager and a senior caregiver facilitate health and safety for the service. The health and safety team have established goals. One documented health and safety team meeting involved representatives from a variety of areas from throughout the service. The health and safety representative (senior caregiver) has completed a two-day training course including information on the new legislation. The care home manager states she is more aware of her responsibilities since the new legislation. Quality, clinical and staff meeting minutes did not always document quality and risk data. Staff and resident meetings have been held infrequently. Hazard identification forms and a hazard register are in place.</p> <p>Falls prevention strategies include an investigation of residents' falls on a case-by-case basis to ensure that strategies to reduce falls have been implemented. Other strategies include sensor mats, and hourly checks on residents at risk of falling.</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> | FA | <p>Individual entries reports are completed via an electronic database for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Twelve accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked and analysed for trends for each area (link 1.2.3.6).</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. A section 31 notification was made on the day of the audit relating to a current unstageable pressure injury.</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> | FA | <p>There are human resource management policies in place that include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of current practising certificates are retained. Five staff files sampled (one clinical nurse manager, one registered nurse, one caregiver, one cook, and one activities coordinator) included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type.</p> <p>There is an annual education and training schedule that is being implemented. Caregivers are encouraged to complete an aged care education programme. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board. Additional training is also offered in relation to new client needs. The management team has implemented</p> |

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| | | <p>regular training days and staff attendance is actively monitored. Staff are appraised annually on their performance.</p> <p>The activities programme is managed by an experienced activities coordinator who attends six monthly activities training days.</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> | FA | <p>The staffing levels meet contractual requirements. The clinical manager shares a rotating on-call roster with the clinical manager from a sister village. The care home manager and clinical manager are available during weekdays.</p> <p>For the current 23 hospital level care residents, on day shift, there is one RN, and three caregivers: two work a full shift, and one that works 0700- 1300. The afternoon shift is covered by an RN, and four caregivers: two who work the full shift and two who work 1500 to 2130. On the night shift there is one RN and two caregivers.</p> <p>In the rest home wing for 33 residents on day shift, there is one senior caregiver and two caregivers who all work the full shift. The afternoon shift is covered by one caregiver who works the full shift and two others working shorter shifts. The rest home night shift is covered by two caregivers.</p> <p>Interviews with the residents and relatives confirmed staffing overall was satisfactory.</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> | PA Moderate | <p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There are four residents self-administering medications at the time of audit. All four had signed informed consent forms but not all medicines were stored safely. The service uses robotic packs and an electronic medication management system. The RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. Medications are securely and appropriately stored in the nurses' station. The medication fridges have temperatures recorded daily and these are within acceptable ranges.</p> <p>All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses and care staff interviewed were able to describe their role in regard to medicine administration. Standing orders are not used.</p> <p>Twelve medication charts were reviewed. Photo identification and allergy status were on all charts. All medication charts for long-term residents had been reviewed by the GP at least three-monthly and signed either on the review section of the medication chart or through GP notes. Not all medications were documented as prescribed, this is a continued shortfall from the previous audit, and not all medications were</p> |

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| | | documented as administered as charted. The self-medication process was not followed safely for all residents that self-medicate. |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | FA | <p>The cook oversees the food services and is supported by a kitchenhand on duty each day. The national menus have been audited and approved by an external dietitian. The main meal is in the evening. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in bain maries to each kitchenette, where they are served. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated.</p> <p>End-cooked food temperatures are recorded on each meal daily. Serving temperatures from bain-maries are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>Food services staff have completed on-site food safety education and chemical safety.</p> |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p> | PA Low | <p>The registered nurses complete care plans for residents. Progress notes in all six files sampled had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. The family members confirmed on interview they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications were documented in the resident file sampled in the family/whānau contact form.</p> <p>On the day of audit, there were two rest homes residents with wounds (one skin tear and one unstageable pressure injury).</p> <p>For hospital level, there were two residents with pressure injuries; one grade two and one resident had three, almost healed, grade two pressure injuries (the delicate new skin was covered with opsite and remained on the wound log to ensure monitoring). Other wounds for hospital level care included bruises, grazes and skin tears, a blister, an ulcer, and sacral excoriation. All wounds had an assessment, management plan and evaluations.</p> <p>Stocks of continence and dressing supplies are monitored by the RNs and ordered on a regular basis. Sufficient continence and dressing supplies are available. Registered nurses were able to describe access</p> |

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| | | <p>for wound and continence specialist input as required.</p> <p>Monitoring forms in use (sighted) include; continence diary, monthly blood pressure and weight monitoring, two-hourly turning charts, and behaviour monitoring charts. Not all monitoring was documented as taking place as per plan and not all care interventions advised by allied health were documented into the care plan.</p> <p>Residents and families interviewed, reported their needs were being met. There was clear documented evidence of relative contact following GP reviews, incidents, infections, care plan reviews or any changes to resident health status.</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> | FA | <p>The service employees two activities coordinators, one full time and one part-time and between them they provide an integrated programme for rest home and hospital level of care residents activities Monday to Friday and alternate Saturdays. On or soon after admission, a social history is taken and information from this is fed into the care plan. This is reviewed six-monthly as part of the care plan review/evaluation and a record is kept of individual residents' activities.</p> <p>The family/resident completes a 'Map of Life' on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the 'My Day My Way' care plan, and is reviewed at the same time as the care plan in all resident files reviewed.</p> <p>An activities plan is completed within timeframes, a monthly record of attendance to activities is maintained and evaluations are completed six-monthly. A monthly activities programme is given to all residents, and is displayed on noticeboards throughout the facility. There are general activities for all residents to join in and activities for more able residents.</p> <p>There are resources available for care staff to use for one-on-one time with residents. 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. Residents interviewed stated they feel the activities are very good, and they are kept as busy as they want to be.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>Care plans reviewed for long-term residents had been evaluated by registered nurses' six-monthly. There is a comprehensive six monthly multidisciplinary review documented. The multidisciplinary review involves the clinical manager, RN, GP, 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. 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.</p> |

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| | | Written evaluations describe the resident's progress against the residents identified goals. InterRAI assessments have been utilised in conjunction with the six-monthly reviews. |
| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p> | FA | The service displays a current building warrant of fitness that expires 18 May 2018. |
| <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 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. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and results are distributed to staff noticeboards. Benchmarking occurs against other Bupa facilities.</p> <p>Individual infections are entered into the computer software which collects all infections. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator and forwarded to the management team. 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. There has been one outbreak reported since the previous audit.</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. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents.</p> <p>There is one hospital resident requiring the use of bedrails at night. There are six hospital residents requiring the use of an enabler (bedrails). Use of an enabler is voluntary. An assessment for restraint/enabler use and consent forms are completed in one restraint and two enabler files reviewed. The care plans reviewed document the use of enabler or restraint and contain appropriate interventions. Restraint education and audits have been completed. The policy includes comprehensive restraint procedures. Interviews with the staff confirm their understanding of restraints and enablers.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
|--|-------------------|--|---|---|
| <p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p> | PA Low | <p>The clinical nurse manager is responsible for collecting adverse event data and implementation of the internal audit programme, as per the internal audit schedule. Quality data is collected, analysed, benchmarked and trended and where corrective actions are required, these have been implemented. The health and safety risk management plan has documented goals for 2017. The health and safety team including representatives from all areas have met on one occasion and discussed hazard management.</p> <p>Data is being trended and analysed at the</p> | <p>The Bupa system dictates that quality data is discussed at quality, staff and where appropriate at resident meetings, but these meetings did not occur according to the Bupa meeting schedule. Where meeting minutes were documented, they did not evidence that quality results are communicated. In 2017, there was documentation identifying one staff meeting, one health and safety meeting and one resident meeting. There were three quality meetings in 2017, however only one of these had associated minutes documented. The other two were evidenced by notations on paper.</p> | <p>Ensure that meetings are held as scheduled and that quality data is shared and documented as appropriate with staff and residents.</p> |

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| | | facility and Bupa level. Staff are informed by graphs on the staff room noticeboard regarding the number and type of adverse events each month. Meetings have not all been held as scheduled and minutes reviewed do not all evidence that quality data is shared and documented as appropriate with staff and residents. | | 90 days |
| <p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p> | <p>PA</p> <p>Moderate</p> | <p>The service uses an electronic medication charting system. All medications are safely stored in secure rooms. A medication round observed, evidenced that a safe and correct process is followed. Not all medications have been signed by the GP.</p> | <p>(i)One resident with oxygen has the oxygen monitored, but it is not prescribed on the medications chart. (ii) One resident has a medication chart that has not been signed by the GP.</p> | <p>(i)-(ii)</p> <p>Ensure that all medications are prescribed and signed for by the prescriber.</p> <p>30 days</p> |
| <p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p> | <p>PA</p> <p>Moderate</p> | <p>The service supports residents to self-medicate. There are policies, procedures and documentation templates in place to support this. Resident have lockable drawers in their rooms. Four self-medication residents were reviewed. All had an assessment and competency that was documented as reviewed three monthly. One of the four residents followed correct storage procedures.</p> | <p>Of the four residents who self-administer medications, three were not following correct process: One resident stored medication but had locked the drawer, one resident could not find their medication and one resident stored the medications on the table in their room.</p> | <p>Ensure that residents who self-medicate follow correct storage process for their medications.</p> |

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|---|--------|--|--|---|
| | | | | 30 days |
| <p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p> | PA Low | <p>Five of six care plans reviewed documented all interventions according to assessments, progress notes, GP and allied health professionals. A generic STCP did not reflect personalised interventions for a resident with a current UTI. A review of progress notes, monitoring charts and discussion with residents and family evidences that care interventions take place according to the care plan for four of six resident files reviewed.</p> | <p>(i)-(ii) Ensure that care plans include interventions to reflect all current needs.</p> | <p>(i)-(ii) Ensure that care plans include interventions to reflect all current needs.</p> <p>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.

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

End of the report.