

Bethlehem Views Limited - Bethlehem Views

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 The DAA Group 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:

Legal entity:	Views Lifecare Limited
Premises audited:	Bethlehem Views
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: 16 July 2018 End date: 17 July 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:	88

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

Bethlehem Views provides rest home, dementia and hospital level care to a maximum of 88 residents. All beds were occupied on the days of this unannounced surveillance audit. The manager stated there have been no changes to the scope and size of the services provided since the 2016 certification audit.

This audit was conducted against a subset of the Health and Disability Services Standards and the provider's contract with the Bay of Plenty District Health Board (BOPDHB). The audit process included the review of policies and procedures, the review of residents' and staff files, observations, and interviews with residents, family members, management, and staff. A general practitioner (GP) was interviewed in person. The GP expressed satisfaction with the care and services being provided.

The three areas requiring improvement from the previous certification audit which were related to complaints documentation, staff performance reviews and restraint monitoring have been addressed.

There were no areas that required improvement identified at this audit. Medicines management is rated as an area of continuous improvement for achievements in the memory care unit.

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.



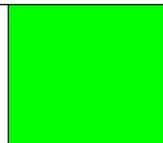
Standards applicable to this service fully attained.

Open communication between staff, residents and families is promoted and was confirmed to be effective. Staff know how to access interpreting service, but this has not been required.

Complaints are responded to in a timely manner and processes meet the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

The Board of Directors and senior management are kept fully informed about service delivery and operations.

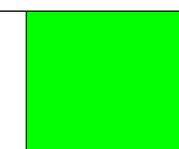
Bethlehem Views has successfully implemented the Arvida group's quality and risk management system and there is regular monitoring of all service areas.

Adverse events are reported by all levels of staff. People impacted by an adverse event are notified, for example, the general practitioner, families and significant others. Systems that ensure regulatory requirements related to notification reporting are effective.

Staff are recruited and managed according to good employment practices. Staff training in relevant subject areas is occurring regularly. All staff are supported and encouraged to attend ongoing performance development and achieve educational qualifications related to care of older people.

There is an adequate number of skilled and experienced staff on site 24 hours a day, seven days a week

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.		Standards applicable to this service fully attained.
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Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and communication sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme is overseen by two diversional therapists and provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery, and this is supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

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.

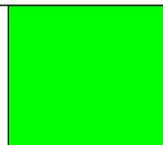


Standards applicable to this service fully attained.

The building has a current building warrant of fitness and all interior and exterior areas are being maintained as safe.

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.

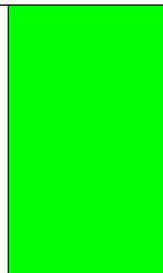


Standards applicable to this service fully attained.

Bethlehem Views has succeeded in eliminating all restraint interventions. There were five enablers in use at the time of audit. Use of these enablers is voluntary and is used for the safety of the residents involved.

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.

Aged care specific infection surveillance is undertaken, data is analysed, trended, benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	17	0	0	0	0	0
Criteria	1	39	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
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy and associated processes meet the requirements of Right 10 of the Code. Information on the complaint process and complaint forms are provided to residents and families on admission. Those interviewed said they knew how to raise concerns and complaints and felt confident to do so. The manager is responsible for complaints management and follow up.</p> <p>The complaints register records eight complaints received since the previous certification audit in 2016 including a complaint from a family member to the Office of the Health and Disability Commissioner in early 2018. This has been investigated and no further action is required. Documentation about the other seven complaint matters confirmed that written acknowledgement, investigations and resolution had occurred in a timely manner. Where service improvements were identified as needed, remedial actions have been implemented to good effect.</p> <p>All written and verbal complaints are reliably logged on the complaints register with the necessary documentation; the previous corrective action has been resolved.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate</p>	<p>FA</p>	<p>Policy clearly describes the principles and practices of open disclosure. The sample of accident/incident forms and complaints documentation confirmed that matters are dealt with in an open, frank and timely manner. Staff knew how to access interpreter services for non-English speaking residents. At the time of this audit all residents spoke English.</p>

<p>effectively with consumers and provide an environment conducive to effective communication.</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>On the days of audit there were 88 residents. This comprised 30 residents requiring rest home level care, 38 requiring hospital level care and 20 in the secure dementia wing. There were four residents under the age of 65 years.</p> <p>Bethlehem Views has a documented scope, direction and goals in their 2018 business plan. This plan responds to the Arvida Group business and strategic plan.</p> <p>A comprehensive report is submitted from the manager to the directors each month. The sample of these reports reviewed contained detailed information about occupancy, complaints and compliments, graphs on year to date infections, falls, skin tears, restraint, medication errors, financial information, audit outcomes, service delivery highlights and staffing information. Review of the results from the February 2018 satisfaction survey of residents and their families showed increases in satisfaction across a range of services provided in the past 12 months.</p> <p>The manager who has been in the role for 18 months, oversees the day-to-day service delivery and operations. This person has 17 years' experience in managing retirement villages and has tertiary qualifications. The clinical nurse manager who was employed in 2015 is a registered nurse with palliative clinical experience in age care. Review of personnel files and interviews confirmed that all senior management staff are qualified for their roles. They maintain their skills and knowledge by attending regular professional development, which includes the Arvida six monthly conference for clinical managers, and sector specific training.</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</p>	<p>FA</p>	<p>Review of documents and interview with the management team confirmed that the organisation is maintaining effective quality and risk management systems. Bethlehem View's annual Quality and Risk Management Plan described the quality systems and monitoring processes including the annual internal audit schedule. Policy and procedure review is undertaken and coordinated by the national quality manager with input from selected staff at Arvida Villages. There is a monthly 'skype' session to review clinical policies and align these to the Health and Disability Services Standards, 'eCase' (the electronic resident management system) and the Living Well Model of Care. All policies are reviewed biennially or when there are business, legislative or contractual changes.</p> <p>Quality data, such as incidents/accidents, infections, skin tears, falls, results of internal audits, complaints and service delivery improvements are analysed and discussed with all levels of staff at weekly and monthly meetings. There is evidence of actions being implemented to good effect when service deficits are identified.</p>

improvement principles.		<p>Additionally, the monthly incidence of falls, skin tears, medicine errors, infections and interRAI timeframes data is sent to the Arvida national office, where it is benchmarked across all the facilities in the group. Documents reviewed confirmed that benchmarking results are sent to clinical managers monthly.</p> <p>A number of quality improvements have been identified and are in process. Examples include the establishment of regular support groups for the families of people in the memory care unit, the purchase of different standing hoists for residents with shoulder pain, stethoscopes for RNs and training in the use of these for early detection of respiratory distress, and new protocols for the prevention and retrieval of residents' missing property. Although most of these have not been written up with aims and performance measurements to quantify improvements, they demonstrate a commitment to quality improvement.</p> <p>Residents and family members interviewed confirmed they are consulted about services and are being kept informed through regular group and one to one meetings and newsletters.</p> <p>The organisation's quality and risk management plan and associated emergency plans, identify current actual and potential risk to the business, service delivery, staff and/or visitors' health and safety. Environmental risks are communicated to visitors, staff and residents verbally or by signs. The audit team were provided with a health and safety briefing upon arrival. Review of a range of staff meeting minutes showed that health and safety, including new hazards and resident related risks, are discussed. Trial fire evacuations have occurred every six months.</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>Adverse events are reported on the electronic (eCase) system, which immediately alerts the clinical nurse manager and team leaders. A sample of event records entered since January 2018, when the electronic system went 'live', showed that each event is reviewed by a senior manager on the day it is submitted and investigated to determine the cause soon after. Notes on the event (management review) include a description of the actions taken at the time and any ongoing actions, for example neurological observations after a fall. The clinical nurse manager described instances where changes had been made to prevent or minimise recurrence. Records showed that staff, families, the GP, district health board or others who are impacted by an adverse event, are informed in a timely manner. Trends in adverse events are being monitored and reported at the service level and at a national level.</p> <p>Section 31 notifications were submitted to the Ministry of Health in December 2016 regarding the new manager and for a pressure injury in February 2017.</p>
Standard 1.2.7: Human Resource	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Two new RNs interviewed said the orientation process was preparing them well for their role.</p> <p>Documents and interviews confirmed that a site-specific training plan is developed each year which includes mandatory training requirements. Review of the 2018 plan and attendance records confirmed that staff are being provided with continuing education in subjects related to age care. A record of each staff member's training is entered on a spreadsheet and is reviewed with them during their performance appraisals.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Fifty three of the 69 caregivers have achieved either level 3 or level 4 qualifications. The RNs and all caregivers who work in the dementia unit have attained the level four dementia qualification. There are ten trained registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. The training coordinator is experienced with providing staff education in the age care sector and has been confirmed as a Careerforce moderator.</p> <p>The seven staff records reviewed contained evidence of annual performance appraisals being completed in 2018. The previous corrective action is resolved.</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>Bethlehem Views has a clearly documented and implemented staffing rationale. Rosters sighted and interview with different levels of staff (care givers, RNs and managers) confirmed the service is maintaining ratios of one staff member to four residents in the memory loss unit, and a registered nurse and one staff member to five residents in the rest home and hospital. This complies with the provider's agreement with the district health board (ARC contract). Staffing allocation takes into account the acuity and support needs of residents and additional staff are provided when workloads increase. The staff interviewed said there are enough staff on each shift and that effective backup systems are in place to cover staff absences. There has been a decrease in staff turnover. Residents and their relatives were satisfied with the skills, experience and availability of staff.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>There were two residents (one in the hospital and one in the rest home) who self-administer inhaler medication at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>Medication errors are reported to the RN and clinical nurse manager (CNM) and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are used and meet standing orders guidelines.</p> <p>The commitment of the memory care unit to reducing the use of anti-psychotic medication is an area recognised as one of continuous improvement.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian in May 2018. Recommendations made at that time have been implemented. A food control plan has been registered, with a verification audit undertaken 30 May 2018. One area of non-compliance was identified at that audit and this has been verified as addressed.</p> <p>The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p>

		<p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed.</p> <p>Residents in the memory care unit have access to a wide range of foods that meet their individualised needs over a twenty-four-hour period. Meal type and times in the memory care unit, are flexible and verified to be in line with residents' previous lifestyle patterns and requests.</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>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision specifically around falls, pain, wound and behaviour management strategies.</p> <p>The commitment to a 'person centred approach' is especially evidenced in the memory care unit. Care focusses on the diverse understanding of the resident before they were unwell. The unit adapts to the needs of the resident and focusses on enabling the resident to maintain the lifestyle they had before being unwell. Photos, memorabilia and routines enable the resident and family to keep in touch with who they once were.</p> <p>The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</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 activities programme is provided by two trained diversional therapists.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted operates six days a week and matches the skills, likes, dislikes and interests identified in residents' assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples include regular outings, visiting entertainers, quiz sessions, social events with other organisations, friendship clubs, a café group-where a small group of residents cook their own meal once a week, a resident newsletter written by a resident, church groups, social functions, 'mums and bubs' groups and daily news updates. Social activities are</p>

		<p>offered later into the afternoon and early evening twice a week. The activities programme is discussed at the minuted residents' meetings and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs.</p> <p>The activities programme in the memory care unit includes a family support group. This is run by the team leader and the diversional therapist every two months and revolves around a theme. The group enables family members to support each other and be assisted to manage the difficulties they face in coping with dementia. The diversional therapist in the memory care unit, focuses on enabling 'person centered care' by fostering an environment that adapts and accommodates the residents' previous lifestyle practices. Meal times are flexible, breakfasts are consistent with what the resident has always eaten, and routines are individualised. A resident's previous lifestyle of swimming each morning is enabled as part of the resident's daily routine, as is the attending to washing, drying the clothes on a clothes rack in front of the fire, or whatever other routines have been part of the resident's lifestyle prior to admission. Staff working in the unit are enabled to know and understand the resident, by each having made a book detailing the resident's life. Staff are empowered to know the resident for who they were before they became unwell, enabling care to be provided with consideration of previous lifestyle patterns and habits.</p> <p>Family/whanau members interviewed expressed a high level of satisfaction in regards to the quality of the care provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short term needs were consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound, falls, pain or behaviour management plans were evaluated on an ongoing basis to ensure effectiveness in management. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	FA	<p>A current building warrant of fitness is displayed which expires 17 April 2019. Visual inspection of the interior and exterior revealed that buildings, plant and equipment are being maintained in good and safe condition.</p>

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>Surveillance of infections at Bethlehem Views is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection control co-ordinator reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via RN, staff and management meetings and to staff at handovers. Surveillance data is reported to the clinical nurse manager and the village manager. Data is benchmarked internally within the group's other aged care providers.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Bethlehem Views have succeeded in eliminating the use of restraint. This has been achieved by using alternatives such as a sensor mats and chair pads to alert staff when a resident rises to stand. On the day of audit there were five enablers noted on the restraint register. These included bedrails, a foot strap and a safety belt when the resident is in their wheelchair. Review of the files for two of the residents using enablers confirmed that consent had been signed by the person using them. Ongoing staff education and competency testing about restraint minimisation is occurring, as confirmed by review of training records.</p> <p>The previous corrective action in criterion 2.2.3.4 is resolved.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The previous corrective action in criterion 2.2.3.4 which was related to staff non-compliance with a mobilisation plan for a resident who had a lap belt in place, is now resolved. Bethlehem Views has no restraints in place and is successfully using alternatives. Confirmation about corrective actions having been implemented, include the family of the resident concerned making a special presentation to the service with a symbol of their appreciation for the ways their loved one was taken care of.</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.

No data to display

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
<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>	CI	<p>A review of medication charts in the memory care unit, note a reduction in the prescribing and use of anti-psychotic medication. This is verified by interviews with staff, families, EPOAs and the GP. An internal audit of the GPs' prescribing of anti-psychotics in the memory care unit, evidenced a 15% reduction in the amount of the medication prescribed between 2016-2017, and a further 4% reduction 2017-2018. The philosophy of the team leader to provide the staff with resources and knowledge to foster an individualised and flexible routine for the care of each resident, is identified by family, staff and the GP as instrumental in achieving this result.</p>	<p>In the memory care unit, the use of PRN (as required) and regularly prescribed anti-psychotics has reduced by 15% between 2016 and 2017 and a further 4% between 2017 and 2018.</p>

End of the report.