

Bupa Care Services NZ Limited - Waireka Care Home

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Waireka Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 November 2018 End date: 6 November 2018
Proposed changes to current services (if any):	Three rest home rooms (101, 103 and 104) were verified as part of this audit as suitable for dual-purpose rooms (hospital and rest home).
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
	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

Bupa Waireka is part of the Bupa Group and is certified to provide rest home and hospital level of care for up to 60 residents. On the day of audit there were 56 residents.

This 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 the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

The service is managed by a care home manager who is new to the position, having been 'acting' manager for a year. She is supported by a clinical manager/RN who has been in the role for eight years. The care home manager and clinical manager are supported by a regional operations manager who visits monthly and more often if required. The residents and relatives spoke positively about the care provided at Bupa Waireka.

The previous certification audit identified one area requiring improvement around timeframes for assessments and care plans, this shortfall continues.

This audit has identified two further areas requiring improvement around care plan interventions and full implementation of the Bupa quality system.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Bupa Waireka has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

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.
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Services are planned and coordinated, and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme are in the process of being fully implemented. Corrective actions are implemented and evaluated where opportunities for improvements are identified. 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. An education and training plan is being implemented and includes in-service education and competency assessments. Registered nursing cover is provided 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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package available prior to or on entry to the service. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Residents' files include three-monthly reviews by the general practitioner (GP). There is evidence of other allied health professional input into resident care.

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

An integrated activities programme is implemented that meets the needs of aged care residents. The programme includes community visitors and outings, entertainment and activities.

All food and baking are 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

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

A maintenance person has responsibility for the maintenance and repairs of the facility. here is a planned maintenance schedule in place. Environmental improvements include the continued process of room refurbishment, new furniture and the reception area is being relocated.

There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the outdoor areas. Seating and shade is provided.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There is a restraint policy in place that states the organisations philosophy to restraint minimisation. Currently the service has three residents on restraint (lap belts) and one resident with an enabler. The clinical manager is the restraint coordinator for the facility.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. 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	13	0	2	1	0	0
Criteria	0	38	0	2	1	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>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager on the electronic system and also some paper-based documentation. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC).</p> <p>Discussions with three hospital and two rest home level residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms, and a suggestion box are placed at reception (link to 1.2.3.6).</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>The Bupa policies and procedures relating to accident/incidents, complaints and open disclosure policy continue to be implemented. All incidents and accidents are documented onto the electronic incident forms system. Ten accident/incidents reviewed on the electronic system identified that family are kept informed. Two relatives interviewed (one hospital and one rest home) stated that they are kept informed when their family member's health status changes. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</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>Bupa Waireka is certified to provide rest home and hospital (medical and geriatric) level of care for up to 60 residents. There are 34 rest home beds and 26 hospital beds, This audit included verifying room 101, 103 and 104 as suitable as dual-purpose rooms. At the time of the audit there were 56 residents in total. This included 33 residents at rest home level care, including three GP funded residents and two respite residents. There were 23 hospital level residents including two younger persons on disability contracts.</p> <p>The Bupa vision, mission statement and objectives are in place. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Bupa Waireka has set specific quality goals. Annual goals for the facility have been determined and are regularly reviewed by the care home manager. The care home manager reports weekly and monthly to the operations manager regarding progress against set goals, and monthly to the head office quality team. Regular teleconferences are also implemented for all the central region managers.</p> <p>The service is managed by a care home manager who is a registered nurse and has been in the position for a week having been 'acting' manager for a year. She is supported by a clinical manager/RN who has been in the role for eight years. The care home manager and clinical manager are supported by a regional operations manager who visits monthly and more often if required. The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>The service has a documented quality and risk management system. Discussions with the manager and staff reflected staff involvement in the quality and risk management processes. The service has policies and procedures and associated implementation systems to provide a good level of assurance that are meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to): residents' falls, infection rates, complaints received, restraint use, pressure injuries, wounds and medication errors. Quality and risk data are not always documented as discussed in the quality and applicable staff meetings, and meeting have not always been completed as scheduled. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring. Corrective actions are established, implemented and are signed off when completed.</p> <p>Health and safety goals are established and regularly reviewed. The health and safety officer was interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff</p>

		<p>and contractors undergo a health and safety orientation programme. An employee health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety Plan.</p> <p>The resident satisfaction survey for 2017 has reported similar results to 2016. Recording high percentage satisfaction around the environment, staff and overall quality. The resident satisfaction survey had been discussed at quality meetings with in going plans to improve services discussed.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms.</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 reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Ten accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse (link to 1.3.6.1). Data collected on incident and accident forms are linked to the quality management system. The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. However, one coroners case was reported belatedly due to the management being unaware of the need to report a resident's death when the resident is under the care of mental health services. This process continues to be with the coroner.</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>Human resources policies include recruitment, selection, orientation and staff training and development. Six staff files were reviewed (one clinical manager, two RNs, two caregivers and one cook), and all included a recruitment process (interview process, reference checking and 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.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. The service has taken the monthly Bupa training schedule and set up training days for staff. These days are rostered for staff and are paid days. The management report that attendance at training has dramatically improved. There is an attendance register for each training session and an individual staff member record of training.</p> <p>Registered nurses are supported to maintain their professional competency. Five registered nurses are employed (including the clinical manager) with two further RNs being employed at the time of audit. Three registered nurses (including the clinical manager) have completed interRAI training. There are several implemented competencies for registered nurses including (but not limited to) medication competencies and</p>

		wound care.
<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>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. Bupa Waireka has a four-weekly roster in place, which ensures there are adequate staffing levels to meet the acuity and safety needs of the residents. There is a full-time care home manager and clinical manager who also provide on call, and staff reported they are responsive and helpful. There is a registered nurse on duty on each shift seven days per week.</p> <p>Registered nurses are supported by sufficient numbers of caregivers. Seven caregivers (three rest home and four hospital) are scheduled to work during the AM shifts, five caregivers (two rest home and three hospital) during the PM shifts and two (one rest home and one hospital) during the night shift. Separate laundry and cleaning staff are employed seven days a week. Interviews with staff, residents and family members identified 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 guidelines.</p>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service uses an electronic medication management system for long-term residents and paper-based charts for the GP admission residents. An RN checks all medications on delivery against the medication and any pharmacy errors are recorded and fed back to the supplying pharmacy. The medication rooms in the two areas are clean and well organised. The medication fridges have temperatures recorded daily and these are within acceptable ranges.</p> <p>Registered nurses and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Caregivers who act as the second checker have also completed medication competencies.</p> <p>Ten medication charts were reviewed (nine electronic and one paper-based). Photo identification and allergy status were on all charts. All medication charts had been reviewed by the GP at least three-monthly for the eight long-term resident charts. All electronic and paper-based resident medication administration signing sheets corresponded with the medication chart. There were no self-medicating residents.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional</p>	FA	<p>A cook oversees the food services and is supported by kitchen staff on duty each day. The national menus have been audited and approved by an external dietitian. The main meal is at lunchtime. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in a bain marie to the hospital kitchenette where they are served.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from the bain marie</p>

<p>needs are met where this service is a component of service delivery.</p>		<p>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 and stored appropriately.</p> <p>All residents have a nutritional profile developed on admission, which identifies their dietary requirements, likes and dislikes. This profile is reviewed six monthly as part of their care plan review. Changes to residents' dietary needs are communicated to the kitchen staff. Special diets can be catered for and alternative meals can be accommodated if needed. Residents' weights are recorded routinely each month or more frequently if required. Residents and relatives interviewed reported satisfaction with food choices and meals, which were well presented.</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>	<p>PA Low</p>	<p>Residents and families interviewed reported their needs were being met. Family members interviewed praised the service, the care staff and the management team. There was documented evidence of relative contact for any changes to resident health status. Care plans sampled were goal orientated. Not all resident care interventions were documented, and neurological observations were not always documented as per policy.</p> <p>The staff interviewed stated that they have sufficient equipment and supplies to provide care. Resident weights were noted to be monitored monthly or more frequently if necessary.</p> <p>One younger person disabled's care and support plan included care interventions appropriate for a younger person as well as social needs. The resident praised the service.</p> <p>Care interventions for two short-term residents (one respite and one GP admission) were adequate to manage the medical conditions. Staff interviewed were aware of the residents' support needs.</p> <p>Assessments, management plans and documented reviews were in place for all wounds including two grade two pressure injuries. Specialist nursing advice is available from the DHB as needed. A physiotherapist is available as needed, two GPs provide weekly visits and on call.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Monitoring charts were in use; examples sighted included (but were not limited to): weight and vital signs; blood glucose; pain; nutritional intake; restraint, turning charts; and behaviour monitoring as required.</p> <p>Since the previous audit the service has introduced 'weekly walks and talks'. This process includes a walk</p>

		round by senior staff members, issues seen are followed up immediately and/or training provided.
<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 team is led by an experienced activity coordinator with assistance from care staff. The integrated programme for rest home and hospital level of care residents takes place in both areas. The programme is developed fortnightly and each resident receives a copy of the programme. Noticeboards also alert staff and residents to the daily activity schedule. A wide range of activities were included in the programmes.</p> <p>One-on-one time is scheduled for those residents who do not wish or are unable to attend group activities.</p> <p>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. There are recreational progress notes in the resident's file that the activity staff complete for each resident every month. 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>Families and residents praised the activities provided. Residents from both levels of care were observed to be provided with and enjoying a wide range of activities.</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 had been evaluated by registered nurses' six-monthly. There is a comprehensive multidisciplinary review documented. The multidisciplinary review involves the RN, GP, physiotherapist (if involved in resident treatment), 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 and GP visits.</p> <p>Written evaluations described the resident's progress against the residents identified goals. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided</p>	FA	<p>A current building warrant of fitness certificate is posted at the entrance to the facility (expiry 11 August 2019).</p> <p>Reactive maintenance and a 52-week planned maintenance schedule is in place that has been maintained.</p>

<p>with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>There is a full-time maintenance person employed who has completed health and safety training. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius. There are contractors for essential services available 24/7.</p> <p>The corridors are wide with handrails and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>Three rooms were reviewed (101, 103, 104) to confirm that three rest home rooms are suitable for dual-purpose services (hospital and rest home). All three rooms were spacious and allowed enough space for mobilising and/or lifting equipment. Mobility toilets were close. The closest bathroom that would accommodate larger equipment is a corridor away. Staff explained how they would protect a resident's dignity and privacy should they need to use this bathroom.</p> <p>The external areas are well maintained. There is outdoor furniture and shaded areas. There is wheelchair access to all areas.</p> <p>The caregivers and RNs interviewed, stated that they have all the equipment referred to in care plans necessary to provide care.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control officer. Infection control data is collated monthly and reported at the quality meetings. The infection control programme is linked with the quality management programme.</p> <p>Benchmarking against the other Bupa facilities is completed monthly. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. The facility had a norovirus outbreak in August/September 2018. Infection log, staff education, communication with residents and families, short-term care plans and debrief/evaluation of management of the outbreak were evidenced completed. The relevant authorities were evidenced to have been notified of the outbreak.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint policy in place that states the organisations philosophy to restraint minimisation. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. Currently the service has three residents on restraint (lap belts) and one resident with an enabler. One resident file for restraint and one for an enabler were reviewed. Both had assessments, consents and a care plan in place that reflected the risks. Monitoring was in place and evaluations of the restraint and enabler in</p>

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	The service meetings schedule includes a series of meetings including health and safety, infection control, clinical meetings and staff/quality meetings. All meeting minutes are stored in the staff room for staff to read. The staff/quality meeting is the main meeting where all quality data is reviewed and discussed. Not all meetings have been held according to the schedule. Meeting agendas include; incidents and accidents, staffing, health and safety, complaints, quality indicators, infection control and internal audits. These agenda items are not always documented as discussed and the information referred to in meetings were not always attached and stated for staff to read.	(i) Meeting were not always documented as taking place as scheduled. (ii) Meeting minutes referred to other meetings, that were not documented as taking place. (iii) Meeting minutes did not constantly document the	(i) &(ii) Ensure meetings take place as scheduled. (iii) & (iv) Ensure meetings document discussion of quality data as per the agenda and this is documented.

			<p>discussion of complaints, infection control and internal audits.</p> <p>(iv) There were no documented reviews and/or discussion of trends other than for urinary tract infections and falls.</p> <p>(v) Meeting minutes are kept in the staff room for staff to read. The meeting minutes referred to attached information such as incidents and accidents which had not been attached.</p>	<p>(v) Ensure information meetings such as other meeting and additional information such as incidents and accidents are available to staff.</p> <p>90 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA</p> <p>Moderate</p>	<p>All resident files sampled contained initial assessments and care plans that were completed. Not all initial interRAI assessments and long-term care plans were evidenced to be completed within the required contractual timeframes. Six-monthly multidisciplinary team evaluations were documented on all permanent resident files reviewed.</p> <p>The resident files identified the GP had seen the resident within two working days of admission and had examined the residents at least three-monthly or more frequently as required for residents of concern.</p>	<p>The initial interRAI assessment had not been completed within the contractual timeframes two hospital files reviewed.</p> <p>The long-term care plan had not been completed within</p>	<p>Ensure that all assessments and long-term care plans are completed and reviewed as per contractual requirements.</p>

			contractual timeframes for one hospital resident.	90 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	Residents and families interviewed, reported their needs were being met. Care staff interviewed were knowledgeable regarding residents' care needs. There was documented evidence of relative contact for any changes to resident health status. Care plans sampled were goal orientated. Not all resident care interventions were documented, and neurological observations were not always documented as per policy	<p>(i) One rest home resident and one hospital resident did not have the risks associated with smoking documented into the long-term care plan.</p> <p>(ii) Nursing interventions to manage a resident with chronic leg ulcers were not documented for one GP admission resident</p> <p>(iii) Neuro observations were documented for two resident post falls, but only included two sets of observations.</p>	<p>(i) Ensure that the support management needs for residents who smoke, are documented.</p> <p>(ii) Ensure that nursing interventions are documented.</p> <p>(iii) Ensure that neurological observations are documented as per policy.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.