

Bupa Care Services NZ Limited - Te Whanau 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:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Te Whanau 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: 25 February 2019 End date: 26 February 2019
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:	49

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 Te Whanau Rest Home & Hospital is part of the Bupa group and provides hospital (geriatric and medical) and rest home level care for up to 65 residents. There were 49 residents on the days of audit.

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 a registered nurse and has been in the role since 2013. The care home manager is also undertaking the clinical manager role. An assistant managers role supports the care home manager with non-clinical management roles.

The service has an established quality and risk management system. Residents and families interviewed commented positively on the standard of care and services provided.

Five of six shortfalls identified as part of the previous audit have been addressed. These were around: meetings, staffing, medication management, restraint consents and restraint and enabler monitoring. There continues to be an improvement required around care plan interventions.

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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The service 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.		Standards applicable to this service fully attained.
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There is a business and quality plan with goals for the service that have been regularly reviewed. Bupa Te Whanau has a fully implemented, robust, quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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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Care plans are developed by the registered nurses who also have responsibility for maintaining and reviewing care plans. Care plans reviewed were individually developed with the resident, and family/whānau involvement is included where appropriate, they are evaluated six-monthly or more frequently when clinically indicated. There is a medication management system in place that follows appropriate administration and storage practices. Each resident is reviewed at least three-monthly by their general practitioner or nurse practitioner. A range of individual and group activities is available and coordinated by the diversional therapist. All meals are prepared on-site. There is a seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated, and the residents and relatives reported satisfaction with the food service.

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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There is a current building warrant of fitness. There is a maintenance person employed and who is also available on call after hours if needed. All medical equipment has been calibrated and checked. Hot water temperatures are checked in all areas and records sighted evidenced that temperatures are maintained at no more than 45 degrees. Residents were observed moving freely

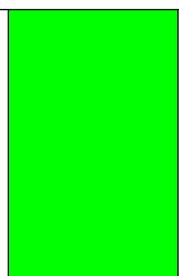
around the areas with mobility aids where required. The external areas are maintained with gardens and outdoor seating and shade available. There is wheelchair access to all areas.

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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The service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There is one resident using restraints and three with enablers at the time of the audit.

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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

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	1	0	0
Criteria	0	45	0	0	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, both verbal and written is maintained by the facility manager using an electronic complaints' register. There are seven complaints logged onto Riskman, including one raised through the Health and Disability advocacy service. This complaint was investigated by the service and there is a letter from the advocacy service documenting resolution to the issues raised. Two complaints are regarding the GP service. These two complaints are currently in the process of investigation. The service has enlisted the assistance of the Bupa geriatrician who has been liaising with the GP for the service. All complaints have been managed in line with Right 10 of the Code.</p> <p>A review of complaints documentation evidenced resolution of the complaint to the satisfaction of the complainant and advocacy offered. Residents and family members advised that they are aware of the complaint's procedure. Discussion around concerns, complaints and compliments was evident in facility meeting minutes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>There is a policy around open disclosure. The care home manager and assistant manager confirmed family are kept informed. Two hospital level relatives interviewed stated they are notified promptly of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided. Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to residents' health status. Residents interviewed</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>(three rest home and three hospital) also stated that the service provides open communication.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.</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 Te Whanau Rest Home & Hospital provides hospital (geriatric and medical) and rest home level care for up to 65 residents. There were 22 rest home level residents and 27 hospital level residents in the hospital/rest home units including one respite resident and three funded by ACC. There are 10 dual-purpose beds.</p> <p>The service is managed by a care home manager who is a registered nurse and has been in the role since 2013. The care home manager is also undertaking the clinical manager role. A new clinical manager is due to start the following week after the audit. The experienced administrator has taken an assistant managers role and supports the care home manager with non-clinical management roles. The care home manager and assistant manager are supported by a Bupa regional manager. The manager has completed at least eight hours of professional development.</p> <p>A vision, mission statement and objectives are in place. Progress towards the achievement of annual goals for the facility have been reviewed by the care home manager. The annual goals for 2018 have been developed and communicated to staff. Quality review has evidenced that goals such as reducing medication errors have not been substantially achieved. Goals relating to reducing staff injury and reducing staff sickness have been achieved. The care home manager explained that a focus on training and root cause analysis review has ensured that staff injuries are followed up and process put in place to protect staff in the future. Follow-up and pastoral conversations following sick absences have assisted to reduce overall sick leave.</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</p>	<p>FA</p>	<p>Bupa Te Whanau continues to implement its quality and risk programme. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff (three caregivers, one registered nurse, one cook, one diversional therapist, a housekeeper and two maintenance staff) confirmed they are made aware of any new/reviewed policies.</p> <p>A range of meetings have been held according to the schedules, these include staff meetings, bi-monthly quality meetings, bi-monthly resident meetings, health and safety meetings, and staff meetings. Meeting minutes sighted evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. Additional meetings include customer focus meetings, which link to complaints and issues raised through incidents and internal audits. RN meeting minutes document robust discussion of quality and clinical issues as needed. All meeting minutes are posted in the staff room for staff to read. This is an improvement from the previous audit.</p>

principles.		<p>Staff interviewed stated they are well informed and receive quality and risk management information such as a monthly adverse event summary.</p> <p>The service collates accident/incident and infection control data. Monthly comparisons include trend analysis and graphs. An annual internal audit schedule confirmed audits are being completed as per the schedule. Corrective actions are developed where opportunities for improvements are identified, and are signed off when completed. The annual satisfaction survey 2018 documents that the customer focus and robust analysis of data is improving services with averages of 80 percent satisfaction across services. Service improvement following the survey has included new name badges for staff, increased training for staff around caring for residents with dementia and an additional television in the lounges.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The care home manager with the maintenance team is responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>Falls management strategies include assessments after falls and individualised strategies. The service has detailed emergency plans covering all types of emergency situations and staff receive ongoing training around this.</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>The service collects incident and accident data on forms and enters them into an electronic register (Riskman). The system provides reports monthly, which are discussed at the quality meetings, staff meetings, RN and health and safety meetings.</p> <p>Twenty-two incidents were logged for January; five of which were falls. The five falls-related incident forms were reviewed. All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The next of kin had been notified for all required incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The care home manager, with assistance from the assistant manager, collects incident forms, investigates and reviews and implements corrective actions as required. Staff related incident forms are discussed at the health and safety meeting.</p> <p>The care home manager interviewed could describe situations that would require reporting to relevant authorities. The service has reported a section 31 report to the Ministry of Health for a pressure injury.</p>
Standard 1.2.7: Human Resource	FA	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Five staff files were reviewed (two RNs, two caregivers and a cook). All files contained relevant employment documentation including current performance appraisals and completed</p>

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>orientations. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of rest home and hospital level care. Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>There is a comprehensive annual education planner in place that covers compulsory education requirements. The planner and individual attendance records are updated after each session. The programme includes training for higher levels of care such a palliative care. Five of the nine RNs have completed interRAI training. Caregivers and RNs complete competencies relevant to their role including syringe driver training, medication management and pain management. The RNs also have access to external training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The care home manager is available during weekdays. The care home manager is on-call after hours with assistance from the assistant manager for non-clinical issues. Adequate RN cover is provided 24 hours a day, seven days a week. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes and meet best practice.</p> <p>Caregivers interviewed stated that there is enough staff on all shifts to safely manage resident care. They felt confident that the management worked very hard to replace sick leave and they felt that sick leave was replaced as much as possible. They could not recall a time when staff had been increased due to acuity, but equally felt this had not been needed. There have been no outbreaks since the previous audit, but staff feel sure that management would replace staff and increase staff as needed. This is an improvement from the previous audit.</p> <p>For the hospital wing of 27 residents, caregiver staff was; AM two long and two short shifts, for the PM two long and two short shifts.</p> <p>For the rest home wing of 22 residents, caregiver staffing was; AM two long shifts and two short shifts, for the PM one long and two short shifts.</p> <p>Night time; two caregivers support the registered nurse overnight and cover all areas of the facility.</p> <p>The Bupa wages to staff calculator (safe staffing calculator) shows that the staffing is over by 60 hours a week. Residents and relatives expressed satisfaction with staffing.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive</p>	<p>FA</p>	<p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All residents, including the respite resident have individual medication orders on an electronic system with photo identification and allergy status documented. The service uses a roll pack system for tablets and other medicines are pharmacy packaged. All medicines are stored</p>

<p>medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>securely when not in use in unit secure rooms. A verification check is completed by the RN against the resident's medicine order when new medicines are supplied from the pharmacy. Short-life medications (i.e., eye drops and ointments) are dated once opened.</p> <p>Education on medication management has occurred with competencies conducted for the registered nurse and senior caregivers with medication administration responsibilities. Administration sheets sampled were appropriately signed. Ten medication charts reviewed identified that the GP had seen the resident three-monthly and the medication chart was signed each time a medicine was administered by staff. This is an improvement on previous audit. A registered nurse was observed administering medications and followed correct procedures. Six residents self-administer medicines and have current competency assessments around this. They have access to secure storage in their rooms. Staff check each shift that these residents have safely self-administered their medications and record this on the medication administration sheet.</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>Te Whanau continues to maintain a high standard of kitchen services. The kitchen manager 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 lunch time. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in a bain-marie to each kitchenette where they are served. The kitchen manager 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. The kitchen service has introduced moulds for puree meals in the shape of the food, this has included a cake shaped sweet puree. The chef also produces Chinese meals for one resident. Since the most recent resident survey the service has added muesli to the breakfast menu as a result of feedback.</p> <p>There is a verified food control plan (expires April 2020). End cooked food temperatures are recorded on each meal daily. Serving temperatures from a bain marie 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. Staff were observed assisting residents with meals and offering seconds as fresh fruit. Residents and relatives reported high satisfaction with the meal service.</p>
<p>Standard 1.3.5: Planning</p>	<p>PA Moderate</p>	<p>All resident care plans sampled documented support needs and interventions. Residents and family members interviewed confirmed they are involved in the development and review of care plans.</p>

<p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>Short-term care plans were in use for wounds and infections and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a range of specialist care.</p> <p>Care plans reviewed included residents with a need for pain management, bowel care, continence care, skin and pressure area care and weight loss and use of restraint. All aspects of care were well documented in long-term care plans. However, STCPs were not always updated (or LTCPs updated) for acute changes in health status. This is an area that continues to require improvement.</p> <p>The respite resident's file included a short-term care plan that reflected the resident needs. One additional care plan was reviewed for social and community links for a younger resident and these were well documented, including an appropriate activity plan for a younger person.</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>FA</p>	<p>Care plans sampled were goal orientated. The staff interviewed stated that they have sufficient equipment and supplies to provide care. Observation such as neurological observations, and interventions for choking hazard were documented. Short-term care plans were not in place for immediate care when a resident arrived back from hospital and for another resident with weight loss (link 1.3.5.2).</p> <p>There were 17 wounds logged onto the wound log at the time of the audit. There were three residents with four pressure injuries between them, all grade two. Assessments, management plans and documented reviews were in place for all wounds.</p> <p>Specialist nursing advice is available from the DHB as needed, including wound care specialist input to care. A physiotherapist is available every other week and as needed, to assist with mobility.</p> <p>Monitoring records sighted (weights, food and fluids and turning charts) were consistently completed.</p> <p>Residents and family members interviewed confirmed their satisfaction with care delivery.</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,</p>	<p>FA</p>	<p>The service employs an experienced diversional therapist to lead the activity programme, she works Monday to Friday. The activity programme is over five days; Monday to Friday with a programme set over the weekend for caregivers to implement.</p> <p>The integrated programme for rest home and hospital level of care residents takes place in both areas. There are resources available for care staff to use for one-on-one time with the resident. A younger resident interviewed, stated their recreational and social needs were met.</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 and a record is kept on individual resident's</p>

<p>and the setting of the service.</p>		<p>activities. There are recreational progress notes in the resident's file that the diversional therapist completes 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 long-term care plan, and is reviewed at the same time as the care plan in all resident files reviewed.</p> <p>The facility has a van which is used for outings. The diversional therapist and a caregiver accompany residents on outings. The diversional therapist has a current first aid certificate.</p> <p>Families and residents reported satisfaction with the activities programme. Residents 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>	<p>FA</p>	<p>Residents are reassessed using the interRAI process at least six-monthly or if there has been a significant change in their health status. Long-term care plans are then evaluated and rewritten. There was documented evidence that care plan evaluations were current in resident files sampled. The files sampled documented that the GP had reviewed residents three-monthly (for those that had been at the service longer than three months) or when requested if issues arise or their health status changes. The registered nurses interviewed explained the communication process with the GP.</p>
<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>	<p>FA</p>	<p>A current building warrant of fitness certificate is posted at the entrance to the facility. There is a maintenance person employed who is also available on call after hours if needed. A 52-week planned maintenance schedule is in place that has been maintained.</p> <p>All medical equipment has been calibrated and checked. Hot water temperatures are checked in all areas and records sighted evidenced that temperatures are maintained at no more than 45 degrees Celsius for resident areas. Residents were observed moving freely around the areas with mobility aids where required. The external areas are maintained with gardens and outdoor seating and shade available. There is wheelchair access to all areas.</p> <p>Since the previous audit the service has undertaken repainting of all of the interior and feature walls have been added with wallpaper, and new furniture purchased for the lounge and dining rooms.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place, appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility including training needs. Care staff interviewed were aware of infection rates. Systems are in place that are appropriate to the size and complexity of the facility. There have been no outbreaks since the previous audit.</p>

<p>agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There was one resident with bedrail restraint and three residents with bedrail enablers at the time of the audit.</p> <p>One additional resident file for restraint and one for an enabler were reviewed; the resident files included appropriate assessments and care interventions. This is an improvement from the previous audit. There were no residents evidenced with any restraint or enabler with no consent and/or assessment, this is also an improvement from the previous audit. Training around behaviours that challenge has been provided.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint and enabler use are documented in policy. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Consistent evidence to verify two hourly checks was sighted on the monitoring forms for one resident requiring the use of a restraint and one resident using an enabler. This is an improvement from the previous audit.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for residents requiring 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)
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Moderate	Care plans reviewed for the audit were resident centred and staff interviewed were very knowledgeable regarding care needs. The documentation of care needs in long-term care plans was comprehensive. Short-term care plans were in place for wound care plans but not always in place for all acute needs.	One resident who had arrived back from hospital had progress notes documenting an RN assessment and review of care, but there was no short-term care plan or long-term care plan updated to direct staff for the increased monitoring in place. One resident with acute weight loss did not have a short-term care plan in place or long-term care plan updated to reflect the change in care needs.	Ensure that care plans are documented or updated for acute changes in care needs 60 days

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.