

Bupa Care Services NZ Limited - Mary Shapley 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:	Mary Shapley 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: 18 February 2019 End date: 19 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:	77

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

General overview of the audit

Mary Shapley is a Bupa residential care facility. The service currently provides care for up to 78 residents at hospital (medical and geriatric) and rest home level care. On the day of the audit there were 77 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 care home manager has been in the role since April 2018. She is an experienced registered nurse and has significant experience managing hospice care services. The acting clinical manager has been in the role since January 2019 whilst recruitment processes are progressed.

The shortfall identified as part of the previous audit has been addressed. This was around care plan documentation

This audit has identified improvements required around documentation of implemented care, medication management and self-medication management, and ensuring an appropriate, and safe physical environment.

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 plan with goals for the service that has been regularly reviewed. Bupa Mary Shapley 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. Each resident is reviewed at least three-monthly by their general 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.		Some standards applicable to this service partially attained and of low risk.
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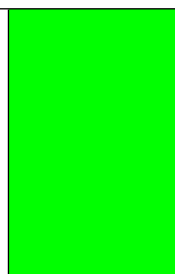
There is a current building warrant of fitness.

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 were three residents using restraints and two 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	14	0	2	1	0	0
Criteria	0	39	0	2	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<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 a complaints' register. There have been five complaints made in 2018 and three in 2019 (YTD). All complaints have been managed in line with Right 10 of the Code. A review of the complaints documented comprehensive follow-up including tool box talks to staff, staff meeting feedback and discussion, handover information, additional audits and care plan updates. The care home manager explained that the service uses any issues brought to her attention (including complaints) as a learning tool to improve care and support. Five caregivers interviewed stated that they are informed about complaints and actions needed.</p> <p>A review of complaints documentation evidenced resolution of the complaint to the satisfaction of the complainant and advocacy offered. Residents (two rest home and three hospital) and family members advised that they are aware of the complaint's procedure.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. The care home manager (an acting clinical manager) confirmed family are kept informed. Relatives (three hospital and two rest home) 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 (meeting minutes sighted). Accident/incident forms reviewed,</p>

<p>with consumers and provide an environment conducive to effective communication.</p>		<p>evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to residents' health status.</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>Mary Shapley is a Bupa residential care facility. The service currently provides care for up to 78 residents at hospital (geriatric and medical) and rest home level care. Twenty-five beds are designated dual-purpose beds in the hospital. On the day of the audit there were 77 residents; 31 rest home and 46 hospital. This included one respite resident from the village (not assessed for residential care). All residents were under the ARCC contract.</p> <p>Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>Mary Shapley is part of the midlands Bupa region and the managers from this region meet quarterly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly report to the Bupa operations manager. The operations manager teleconferences monthly and completes a report to the director of care homes and rehabilitation.</p> <p>Bupa has robust quality and risk management systems which have been fully implemented at Mary Shapley. The care home is benchmarked against the rest home and hospital key indicator data.</p> <p>The care home manager has been in the role since April 2018. She is an experienced registered nurse and has significant experience managing hospice care services. The acting clinical manager has been in the role since January 2019 whilst recruitment processes are progressed. Staff spoke positively about the support/direction provided by the management team.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects</p>	<p>FA</p>	<p>Mary Shapley has a well-established and comprehensive quality and risk programme developed by Bupa services.</p> <p>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 (five caregivers, two registered nurses, the cook, the activity coordinator and two maintenance staff) confirmed they are made aware of any new/reviewed policies. There are sufficient clinical policies/procedures to support hospital/medical level care.</p> <p>The service has quality goals that include; reducing falls, reducing the use of restraint improving the dining</p>

<p>continuous quality improvement principles.</p>		<p>experience for residents and a project called 'getting the basics right'. Meeting minutes, training and tool box talks evidenced that; 'getting the basics right' has been given a high profile.</p> <p>Monthly quality meeting minutes sighted, evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Monthly comparisons include trend analysis.</p> <p>Facility meetings held include: Staff meetings, health and safety meetings, restraint meetings, and infection control. Meeting minutes document that staff are well informed regarding the quality process, progress against the services quality goals and any other issues and initiatives.</p> <p>There is a robust internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. A three-monthly summary of internal audit outcomes is provided to the quality meetings for discussion. Corrective actions are developed, implemented and signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice (link 1.4.2.1). The manager is responsible for health and safety education, internal audits and non-clinical accident/incident investigation. 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>	<p>FA</p>	<p>The service collects incident and accident data on forms and enters them into an electronic register. The system provides reports monthly, which are discussed at the monthly quality and health and safety meetings as well as providing tool box talks and additional handover information as needed.</p> <p>There were 10 incident forms (falls) were reviewed for January. All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had not always been completed for unwitnessed falls and any known head injury (link 1.3.6.1). 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 the clinical manager collects incident forms, investigates, reviews and implements corrective actions as required.</p> <p>The care home manager interviewed, could describe situations that would require reporting to relevant authorities. The service has not needed to provide any reports or notifications to the Ministry of Health.</p>
<p>Standard 1.2.7: Human</p>	<p>FA</p>	<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 (one registered nurse, two health care</p>

<p>Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>assistants, one housekeeper and one cook). All files contained relevant employment documentation including current performance appraisals and completed 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>Registered nurse training and meetings includes case reviews and education on specific topics of interest. All nurses attend an annual education day sponsored by Bupa. The service has attended 'recognising and reporting changes' in-service training in May 2018 as a follow up post complaint.</p> <p>Education and training programmes are promoted for all staff with evidence of good attendance rates. In addition, opportunistic education is provided by way of toolbox talks. There is a wide range of competencies for registered and non-registered staff. Competency and training records ensure that staff are regularly updated and have current competencies.</p> <p>Of the ten registered nurses, three are interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>A policy is in place that determines staffing levels and skill mixes for safe service delivery. Staffing levels are reviewed and updated using the Bupa staffing programme.</p> <p>The care home manager and the acting clinical manager are on-call and this is identified for staff. Weekend staff are replaced when sick.</p> <p>A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The service is divided into two wings; on the days of audit there were 17 rest home and 24 hospital level residents in one wing and 14 rest home and 22 hospital level residents in the other wing.</p> <p>There are two RNs on duty (one in each of the two wings) on the morning and afternoon shift. One RN is on duty at night.</p> <p>There are five healthcare assistants on both morning and afternoon shifts for each of the wings and three across the service on night shift.</p> <p>The care home manager is on call after hours with other registered nurses.</p> <p>Residents and relatives stated there were adequate staff on duty at all times. Staff stated they feel supported by the RNs, and acting clinical and care home manager who respond quickly to after-hour calls.</p>
<p>Standard 1.3.12:</p>	PA	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. There is a medication room in each wing. The service uses a combination of paper-based and an</p>

<p>Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>Moderate</p>	<p>electronic medication system. Not all medications were securely and appropriately stored. Registered nurses or senior caregivers, who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. Electronic medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors are recorded and fed back to the supplying pharmacy.</p> <p>A review of ten paper-based and electronic medication charts and signing charts evidenced that medications were not always given as prescribed and some residents had more than one prescription chart. There is a list of specimen signatures and competencies. Three self-medicating resident files were reviewed and two included three-monthly competencies. All medication charts reviewed have 'as needed' medications prescribed with an individualised indication for use. Medication charts were evidenced to be reviewed at least three-monthly by the GP. The medication fridge in each area has temperatures recorded daily and these are within acceptable ranges. Electronic medication administration charts were signed as medication was administered during the observed medication round.</p> <p>Medication management audits are completed as part of the internal audit system.</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 kitchen manager continues to oversee the food service at Bupa Mary Shapley. The food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and there is a national menu in place that has been audited and approved by an external dietitian and a verified food control plan dated 11 April 2018. The summer menu rotates over a four-week cycle and the winter menu is a six-weekly cycle. There are policies in place to guide staff. Food is procured from commercial suppliers. All food is cooked on-site in a large kitchen. There is sufficient storage available. Stock rotation is practiced. Hot food temperatures are monitored daily on all meals (records sighted). Fridges and freezers have temperatures monitored daily. Chilled inward goods are temperature checked on delivery and prior to storage. Daily air temperatures are recorded. Commercial operators are contracted to manage kitchen waste disposal.</p> <p>Resident likes, and dislikes are known and recorded in the kitchen, and alternatives are offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes and is reviewed six-monthly, as part of the care plan review. Special diets (eg, soft and pureed diets) are noted on the kitchen noticeboard, which can be viewed only by kitchen staff. Meals are served from bain maries to the residents in the dining rooms and can be delivered to rooms as required. Specialist utensils and plates are available for residents.</p> <p>The resident annual satisfaction survey monitors food satisfaction. The kitchen is included in the internal audit programme. Staff have been trained in safe food handling and chemical safety.</p> <p>Residents and relatives interviewed commented positively on the meals provided.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans reviewed demonstrated service integration with documented input from gerontology nurse specialist, wound care nurse specialist, physiotherapist, podiatrist and other allied health professionals. All resident care plans sampled were resident centred and support needs and interventions were updated where resident status changed, including pressure injury care and falls interventions. This is an improvement from the previous audit. Residents and family members interviewed confirmed they are involved in the development and review of care plans.</p> <p>Short-term care plans are in use for changes in health status and are evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan if an ongoing problem (link to 1.3.6.1). There is evidence of service integration with documented input from a range of specialist care professionals including: the podiatrist, physiotherapist, dietitian and mental health care team for older people. The care staff advise that the care plans are easy to follow.</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>Care plans sampled were goal orientated. 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. Not all monitoring and repositioning was documented as completed as per care plans and policy.</p> <p>There were nine residents with nine wounds at the time of the audit. One resident had a grade one pressure injury. Assessments, management plans and documented reviews were in place for wounds. STCPs related to wounds were kept in the wound folder and not in the residents' file alongside the LTCP.</p> <p>Specialist nursing advice is available from the DHB as needed. A physiotherapist is available two days during the week to assist with mobility assessments and the exercise programme.</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, and the setting of the</p>	<p>FA</p>	<p>The activities team is led by an experienced activities coordinator. The team comprises of an activities coordinator and an activity assistant. The activity programme is run over seven days per week including an exercise programme and other exercises as specified by the physiotherapist. The exercise programme is based on the Otago University falls prevention programme.</p> <p>The activities coordinator expressed that the service was wonderful to work at and how the team is improving resident's lives, including one resident who has now recommenced piano playing, and staff are joining in the exercise programme.</p> <p>Each resident has an individual activities programme, which is reviewed when their plan of care is reviewed and</p>

<p>service.</p>		<p>as part of their interRAI assessments.</p> <p>The group programme covers physical, cognitive, social and spiritual needs. There are regular visiting entertainers and community groups. Targeted group programmes are offered as appropriate to meet the needs of the residents. There is a Catholic Church service weekly and some residents attend church services in the community. Rest home and hospital residents have the opportunity to go on outings using the service's van or alternative transport arrangements. An activities assistant accompanies the activity coordinator on outings. The activities coordinator drives the van and she has a current driver's licence.</p> <p>Residents have the opportunity to provide feedback on the activity programme through the resident meetings and resident satisfaction surveys.</p> <p>Residents and relatives interviewed were satisfied with the activities programmes on offer.</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/updated. There was documented evidence that care plan evaluations were current in resident files sampled. Care plan reviews are signed as completed by the RN. 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. Short-term care plans were evident for the care and treatment of residents and had been evaluated and closed or transferred to the long-term care plan if required.</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>PA Low</p>	<p>The building holds a current warrant of fitness, which expires June 2019. The facility employs two maintenance staff. There are proactive and reactive maintenance management plans in place. Contracted providers test equipment. Electrical testing is completed annually. Medical equipment requiring servicing and calibration was last conducted in September 2018. There are hazard management systems in place to ensure the physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents and any visitors to the facility, however the hazard register has not been reviewed since 2017 and hot water temperatures have not been well controlled or monitored for January.</p> <p>Residents have adequate internal space to meet their needs. External areas are safe and well maintained. The facility has two vans (one wheelchair accessible) available for transportation of residents. Those transporting the residents are designated drivers. They hold a current driver's license and a current first aid certificate.</p> <p>The external areas are well maintained, and gardens are attractive. There is garden furniture and plenty of shade. There is wheelchair access to all areas.</p>

<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>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.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the care staff confirmed their understanding and the differences between restraints and enablers. Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had two residents who had voluntarily requested a bedrail and three residents requiring the use of a restraint (two bedrails and one lapbelt). A review of two resident files (one enabler and one restraint) evidenced an assessment, consent and review process have been completed.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>There is a safe medication policy and procedure documented. Not all medications are provided according to policy and not all medications are provided in a timely manner for residents.</p>	<p>(i)Of the ten medication charts reviewed two had a signed paper-based prescription and a non-verified (non-signed) electronic prescription. Both the paper-based and electronic prescriptions matched, however the service was administering and signing for the medication using the (unverified) electronic system.</p> <p>(ii) One resident did not receive medications on the day prior to audit and up until the end of the audit on day two, this was due to the GP not providing a signed prescription chart</p>	<p>(i)Ensure that medications are administered from a signed medication chart and that residents have one medication chart.</p> <p>(ii)Ensure that residents are able to be provided with</p>

			to the pharmacy, despite many faxes and communications from the service.	their medications. 30 days
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	<p>PA Moderate</p>	<p>There are systems and policies in place for self-medication by residents. There were three residents self-administered medications on the day of audit. GP review of the self-medication assessment and consent and security of medications were not completed according to policy.</p>	<p>(i) Two residents who self-administer medications did not have the medications locked securely away.</p> <p>(ii) One resident had not had a documented GP review of the self-medication assessment and consent in the last three months.</p>	<p>(i) Ensure that residents who manage their own medication, store the medications securely.</p> <p>(ii) Ensure that the assessment and consent for self-medication is reviewed three monthly.</p> <p>60 days</p>
<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>	<p>PA Low</p>	<p>All resident files reviewed included resident-focussed care plans, including short-term care plans for acute needs and changes to care. Resident and families agreed that the care provided was good and staff are caring and supportive. Not all care interventions were documented as provided as per plan and Bupa policy. STCPs completed for current wounds were kept in the wound folder with the wound management documentation, therefore there was no reference in the resident's file/care plan that there was a current wound.</p>	<p>(i) Neurological observations were not consistently documented according to Bupa policy for two falls which required neurological observations. One did not document any and one had one set of observations taken.</p> <p>(ii) One resident had not been documented as repositioned as per the timeframes on the care plan and</p>	<p>(i) Ensure neurological observations are documented as per Bupa policy.</p> <p>(ii) Ensure that monitoring</p>

			<p>one resident with a PEG feed did not have the fluid chart consistently updated.</p> <p>(iii) Short-term care plan developed for wounds were not kept in the resident file alongside the LTCP and therefore care plans did not identify current wounds.</p>	<p>charts are documented according to timeframes.</p> <p>(iii) Ensure that STCPs are kept in the resident's individual file alongside the current LTCP and identifies links to current wound management plans.</p> <p>60 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>There are hazard management systems in place to ensure the physical environment minimises risk of harm, however the hazard register has not been reviewed since 2017 and hot water temperature has not been well controlled during 2018 or monitored for January 2019.</p>	<p>(i) Hot water temperature has not been well controlled over 2018, despite monthly water temperature testing. The service undertook an analysis of hot water issues and an action plan put in place. At the time of audit this action plan, which included a plumber, was nearing completion, however hot water temperatures for January had not been documented.</p> <p>ii) Hazard registers in place had not all been reviewed since 2017.</p>	<p>i) Ensure that hot water temperatures are addressed quickly, and that regular monitoring is documented.</p> <p>ii) Ensure that hazard registers are regularly reviewed and up to date.</p>

				90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.