

Bupa Care Services NZ Limited - Kauri Coast Hospital & Rest 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 BSI Group New Zealand Ltd, 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:	Kauri Coast Hospital & Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 November 2020 End date: 4 November 2020
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

Kauri Coast Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 52 residents. On the days of audit there were 49 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Services 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, staff and general practitioner.

The care home manager has been in the role since 2017. The clinical manager has been in the role since 2016. The managers are supported by the operations manager.

The service has addressed the two previous shortfalls around self-medication management and timeframes.

This audit has identified further shortfalls around: meeting minutes, corrective actions, and resident monitoring.

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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (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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There is a strategic plan and annual quality, and risk management plans are in place. These define the scope, direction and objectives of the service and the monitoring and reporting processes. The care home manager and the clinical manager provide leadership, and both are registered nurses with a current practising certificate. The human resource management system is documented in policy with recruitment completed as per policy. There is an annual training plan that is implemented.

There is a clearly documented rationale for determining staff levels and staff mix to provide safe service delivery in the rest home and hospital. An appropriate number of skilled and experienced staff are allocated to each shift.

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 low risk.
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There is an admission package provided to relatives and residents prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed in resident records demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed met legislative prescribing requirements.

There is a comprehensive activity programme that includes activities for younger people. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the residents.

All meals and baking are done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the dietitian. Residents commented positively on the meals provided.

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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Kauri Coast has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. External garden areas are available with suitable pathways, seating and shade 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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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort with the focus being on maintaining a restraint free environment. Staff receive regular education and training on restraint minimisation and around management of challenging behaviour. During the audit there were no residents using restraints and six residents using an enabler (bedrail).

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 coordinator (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 coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.

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	0	0	0
Criteria	0	36	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager continues to maintain a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with two rest home and three hospital level residents (including one younger person) confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. Family members commented that the manager was very helpful and worked with the families to manage issues raised. Two complaints received since the previous audit (included one coroners' case outcome yet to be decided) and one complaint received via the district health board (DHB) during lockdown. This complaint is also still in progress.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Family/whānau communication is recorded on the family/whānau communication record, which is held in each resident's file. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms identified family are kept informed. Two hospital level family members interviewed, stated that they are kept informed when their family member's health status changes. The GP stated that the service is proactive with keeping family involved. An interpreter policy and</p>

<p>provide an environment conducive to effective communication.</p>		<p>contact details of interpreters is available. Interpreter services are used where indicated.</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>Kauri Coast Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 52 residents at hospital and/or rest home level care. On the day of the audit there were 49 residents. This included 34 hospital residents and 15 rest home residents. The hospital level residents included one Accident Compensation Commission funded (ACC) and four residents funded through the young person with disability contract (YPD). There were no respite residents.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Kauri Coast is part of the northern one Bupa region. There continues to be close contact with other managers in the region and the one operations manager. Regular reports are documented and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve the Kauri Coast quality goals.</p> <p>The care home manager has been in the role since April 2017, with previous experience as the clinical manager. The care home manager is a registered nurse who has worked in the health and disability sector for over 10 years.</p> <p>The clinical manager (CM) has been in the role since 2016 with experience for a further two years in the service as a registered nurse. The CM has previous aged care management experience.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</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 (three caregivers, two registered nurses, one cook, one diversional therapist, one activities person and the maintenance person) confirmed they are made aware of any new/reviewed policies. A quality and risk management programme is documented. A quality plan is documented annually with documentation reviewed confirming that a review of the 2020 plan has been completed. Quality initiatives for 2020 included reducing falls, reducing skin tears and reducing pressure injuries. The health and safety goal includes whanaugatanga. The annual resident and relative survey documents an improvement over 2019.</p> <p>Three-monthly quality meeting minutes sighted evidenced staff discussion around progress towards quality goals, health and safety, infection control, complaints and concerns and survey feedback. Not all meetings documented incident and accident reporting and the results of internal audits. The service collates accident/incident and infection control data using the Bupa quality database. Monthly comparisons include</p>

		<p>detailed trend analysis and graphs.</p> <p>Facility meetings held also include (but not limited to): heads of department meetings, clinical review meetings and RN Meetings.</p> <p>There is a documented internal audit programme that covers all aspects of the service. Not all internal audits have been completed as per schedule and not all internal audits have a corrective action plan where shortfalls have been identified.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The manager 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>	<p>FA</p>	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes (link 1.2.3.6).</p> <p>Ten accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are commenced where there is an un-witnessed fall, if there is a head injury or for any other reason identified by the care staff (link to 1.3.6.1).</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. There has been one notification for a coroner's case since the previous audit.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files (two RNs, and three caregivers) reviewed, evidenced implementation of the recruitment process, employment contracts, and completed orientation. Annual performance appraisals are currently due. A register of practising certificates is maintained.</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. Four of the eight RNs have completed interRAI training. The RNs and clinical manager have completed syringe driver training and have access to external training. Additional education is provided via toolbox talks. The caregivers undertake Aged</p>

legislation.		<p>Care Education (Careerforce). RNs attend six-monthly training through Bupa.</p> <p>Clinical staff complete competencies relevant to their role. A competency programme is in place with different requirements according to work type (e.g., caregiver, registered nurse, and cleaner). Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). Registered nurse competencies include (but not limited to), wound, medication administration and restraint competencies.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The staffing levels meet contractual requirements. The clinical manager is on-call after hours with other registered nurses. The care home manager and clinical manager are available during weekdays. Adequate RN cover is provided 24 hours a day, seven days a week with a registered nurse on each shift. .</p> <p>Sufficient numbers of caregiver's support RNs. There is a team leader (senior caregiver) allocated to the morning and afternoon shifts in the rest home. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p> <p>All beds are dual-purpose</p> <p>Rest home: AM shift: There are three caregivers and one team Leader (senior caregiver). PM shift: There are two caregivers and one team leader (caregiver); On night shift: there is one caregiver.</p> <p>Hospital: AM shift: There is one RN and four caregivers including one on a short shift; PM shift: one RN and three caregivers (one short shift, and two long shift); On night shift there is one RN and one caregiver.</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 policies and procedures in place for safe medicine management that meet legislative requirements. Care staff who administer medications (RNs and senior caregivers) have been assessed for competency on an annual basis. Registered nurses have completed syringe driver training. Education around safe medication administration has been provided annually. There is evidence of medication reconciliation on delivery of robotic roll medications against the medication chart. All medications are stored safely in the one medication room. The expiry dates of the bulk supply order medications were checked regularly. The medication fridge and room temperatures are checked daily. There were no self-medicating residents on the day of audit. The RN was able to explain the process for self-medicating residents.</p> <p>Ten medication charts reviewed on the computerised system had photo identification and allergy status documented on the chart. The computerised administration sheets corresponded with the medication charts. All medication charts evidenced three monthly GP review.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is managed by the kitchen manager who is supported by cooks and kitchen assistants. Food services staff have attended food safety training. The food control plan has been verified and expires 22 September 2021. All meals and baking are prepared and cooked on site. A dietitian has reviewed the menu. The kitchen receives a resident dietary profile and is notified of any dietary changes. Resident dislikes are accommodated. The kitchen staff were able to describe additional menu choices available for residents, (e.g., a monthly Māori boil up, vegetarian meals, gluten free, diabetic and puree, soft and minced meals).</p> <p>Meals are transported in hot boxes by the service lift to the kitchenettes in the rest home and hospital dining room.</p> <p>Fridge, freezer, chiller and cooked temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and facility kitchenette fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A cleaning schedule and task list is maintained.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>The kitchen has been refurbished with new flooring and an air conditioner.</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>When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There was documented evidence on the family/whānau record page that family members were notified of any changes to their relative's health status including GP visits, infections, accidents/incidents and medications.</p> <p>Dressing supplies were sighted in the treatment rooms. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes and photos as applicable, were in place for 17 wounds in the rest home wing and 23 wounds in the hospital wing. There was one, grade one pressure injury (facility acquired). The wound logs included recently healed wound for daily checking as well as ongoing wounds. The high level of wounds was being followed up by the service, follow up included training and one on one follow up with staff.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Short-term care plans document appropriate interventions to manage short-term changes in health.</p> <p>Monitoring occurs for weight, vital signs, bowel records, blood sugar levels, pain, challenging behaviour, repositioning charts and food and fluid charts. Not all monitoring was documented according to the Bupa policies and/ or care plan instruction.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs an activities coordinator who is a trained diversional therapist and an activities person who lead the rest home/hospital activity programme over five days a week. Care staff assist hospital level residents to activities and entertainment of their choice. One-on-one contact is made with residents who are unable or choose not to participate in activities. Kauri Coast have continued to implement a varied an interesting activities programme.</p> <p>Activities include (but are not limited to), news and views, exercises, reminiscing, board games, quizzes, movies and entertainment. Community links are maintained and religious services. Younger residents are assisted to access the community, and the in-house activities . One younger person interviewed stated they were very happy with the activities offered.</p> <p>A resident activity assessment and Map of Life is completed on admission. Socialising and activities are included in the long-term care plan. The activity coordinator is involved in the six-monthly review. The service receives feedback and suggestions for the programme through surveys, the food forum and resident meetings. Families are encouraged to be involved in the activity programme, outings and events such as the movie nights. Residents interviewed were positive about the activity programme provided.</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>The service displays a current building warrant of fitness. Hot water temperatures are checked weekly. Medical equipment and electrical appliances have been tested, tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there is adequate equipment to carry out the cares, according to the resident needs, as identified in the care plans.</p> <p>The service continues with significant environmental upgrade. These have included new furniture both inside and outside, repainting and resident room refurbishment.</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</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control nurse uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs and laboratory that advise and provide feedback/information to the service.</p> <p>Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control nurse. This includes audits of the facility, hand hygiene and surveillance of</p>

<p>specified in the infection control programme.</p>		<p>infection control events and infections. Surveillance data is available to all staff. Infections statistics are included for benchmarking. Corrective actions are established where infections are above the benchmark. All infections are documented monthly in an infection control register.</p> <p>One influenza outbreak during July 2020 was managed well, the DHB and public health were informed. The DHB reported they were satisfied with the process.</p> <p>The service has process and procedures implemented to manage the risk posted by Covid -19. Bupa implemented teleconferences during Covid- 19 lock down to ensure staff have the most up to date information these are now approximately monthly. Additional education has been provided around personal protective equipment (PPE) and 100% of staff have attended.</p> <p>All residents are screened using the Covid-19 screen form prior to admission. New residents are isolated for 14 days following admission. All visitors complete a health questionnaire.</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 restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, and regional restraint meetings and at an organisational level. Interviews with the staff confirmed their understanding of restraints and enablers. The service has remained restraint- free for six months.</p> <p>Enablers are assessed as required, for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, the service had six residents using enablers in the form of bedrails. All enabler use is voluntary. Two resident files of enabler use were reviewed. The enabler assessment form was completed and signed by the resident. These had been evaluated at least six-monthly.</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 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	There is a meeting template and meeting planner. Bupa Kauri Coast continue to implement the meeting schedule. However, not all meetings reflect quality information being discussed including analysis and review of the information.	Meeting minutes reviewed did not all evidence incident and accident data/analysis and feedback on internal audits completed.	Ensure that meeting minutes reflect that quality information is reported and that the information and outcomes of the data are reviewed at meetings 90 days

<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	<p>PA Low</p>	<p>There is a comprehensive Bupa system of internal audits documented and planned. The internal audit process includes the need for a corrective action plan where shortfalls have been identified and a process to sign off action when completed. The service has undertaken additional audits such as call bell audits and audits for Covid 19 management and preparedness. However, where shortfalls are identified from internal audits, corrective action plans have not always been documented and /or signed off</p>	<p>Where internal audits have been completed; corrective action plans have not always been documented and /or signed off. Examples include; (i). Care planning audit for March; (ii) Weight management and food audit for August have no corrective action plans or shortfalls identified.</p>	<p>Ensure that an action plan is document and signed off when completed for identified shortfalls.</p> <p>90 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>Resident care plans and monitoring forms included the need for regular monitoring; this was not always documented as being undertaken as per plan.</p>	<p>(i). Of the four falls related incident forms reviewed: three required neurological observations. All three had neurological observations but two were not documented as per Bupa time frames. (ii). Monitoring of heels was not documented as completed two-hourly for one hospital level and two rest home residents as per the care plans.</p>	<p>(i)-(ii). Ensure that monitoring is documented according to stated time frames.</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.