

Bupa Care Services NZ Limited - Mary Shapley Rest Home & Hospital

Introduction

This report records the results of a Certification 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:

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| 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: 27 April 2021 End date: 28 April 2021 |
| 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: | 69 |



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 |
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|  | 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 |
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| 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 Mary Shapley is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) care for up to 78 residents. On the day of audit there were 69 residents.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. This 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.

Mary Shapley is managed by an experienced care home manager who has been in the role for eight months. She is supported by a clinical manager, unit coordinators and a Bupa operations manager. Family and residents interviewed spoke positively about the care and support provided.

This certification audit identified that improvements are required in relation to the complaints process, the quality and risk management system, the timeliness of conducting staff performance appraisals, and neurological observations.

Consumer rights

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| <p>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.</p> | | <p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
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Bupa Mary Shapley endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrated an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Organisational management

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| <p>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.</p> | | <p>Some standards applicable to this service partially attained and of low risk.</p> |
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There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Quality initiatives are implemented, which provide evidence of improved services for residents.

A quality and risk management programme is established. Interviews with staff, and review of meeting minutes demonstrated a culture of quality improvements. Residents receive services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. There is an in-service training calendar in place. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

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| <p>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.</p> | | <p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
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Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrated service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts are reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group.

All food and baking are done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

Safe and appropriate environment

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| 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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Appropriate training, information and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. At least one first aid trained staff member is on duty at all times, including on outings.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building holds a current build systems status report issued in lieu of a building warrant of fitness as one or more necessary elements of the warrant of fitness were delayed due to the Covid lockdown.

Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times.

Restraint minimisation and safe practice

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| 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. Staff receive training in restraint minimisation and challenging behaviour management. At the time of audit there were no residents using restraints or enablers. The approval process for restraint use includes ensuring the environment is appropriate and safe.

Infection prevention and control

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| 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. The infection control coordinator (clinical manager) 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. The service engages in benchmarking with other Bupa facilities. There has been one respiratory outbreak since the previous audit which was appropriately managed.

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) |
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| Standards | 0 | 41 | 0 | 2 | 2 | 0 | 0 |
| Criteria | 0 | 89 | 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) |
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| 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 |
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| Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation. | FA | The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location in English and in Māori. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with sixteen staff (four caregivers on the AM and PM shifts working across both wings, four staff registered nurses [RNs] two-unit coordinators/RNs [one for each of the two wings], one laundry, one kitchen manager, one cleaner, one maintenance officer, and two activities staff) confirmed their understanding of the key principles of the Code and its application to their job role and responsibilities. |
| Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed | FA | There is an informed consent policy. In all nine files reviewed (five hospital and four rest home residents), residents had general consent forms signed on file. Care staff are knowledgeable around informed consent. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy. There was evidence in files reviewed of family/enduring power of attorney (EPOA) discussion with the GP for a medically indicated not for resuscitation status. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are |

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| choices and give informed consent. | | involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs are on resident files where available. |
| Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Information on advocacy support services is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy support services. Staff receive education and training on the role of advocacy services. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community. | FA | Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident/family meetings are held three-monthly. |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld. | PA Moderate | The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms. Complaints forms are also located in a visible location at the entrance to the facility, next to a suggestions box. Four complaints have been received in 2021 (year-to-date) and were reviewed in detail. One complaint lodged through HDC was received on 23 March 2021. All requested information has been forwarded to HDC and an investigation is currently underway. One complaint is open, awaiting a meeting with the complainant. The remaining two complaints lodged in 2021 reflected acknowledgement and an investigation but were missing evidence to indicate resolution of the complaint. There was also a lack of evidence to indicate that staff are informed of complaints received via the quality and risk management system (link 1.2.3.6). |
| Standard 1.1.2: Consumer | FA | Details relating to the Code are included in the resident information pack that is provided to new residents |

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| <p>Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | | <p>and their family. This information is also available at reception. The managers (care home manager, clinical manager) and RNs discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the three-monthly resident/family meetings. Interviews with eleven residents (six rest home and five hospital) and two relatives (hospital) confirmed that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.</p> |
| <p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p> | FA | <p>Residents are treated with dignity and respect, confirmed in interviews with care staff, residents and family, and during observations. Privacy is ensured, and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information are gathered on admission with family involvement and are integrated into the residents' care plans. Spiritual needs are identified. There is a policy on abuse and neglect and staff receive regular training.</p> |
| <p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p> | FA | <p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. There were three residents who identified as Māori at the time of the audit. One Māori resident's file reviewed indicated that their Māori values and beliefs are identified in their care plan and map of life. One Māori resident interviewed stated that he was a kaumātua at the facility and was helping staff and residents learn te reo Māori. He stated that he is treated with dignity and respect.</p> <p>Māori consultation is available through the documented iwi links and local Māori ministers. Care staff interviewed confirmed that they are aware of the importance of whānau in the delivery of care for Māori residents.</p> |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which</p> | FA | <p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they are involved in developing the resident's plan of care, which includes the identification of individual values and beliefs. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p> |

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| recognise and respect their ethnic, cultural, spiritual values, and beliefs. | | |
| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p> | FA | <p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Code of conduct training is also provided through the in-service training programme. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p> |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | FA | <p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available 24 hours a day, seven days a week. A general practitioner (GP) visits the facility two days a week and as needed. The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. Physiotherapy services are provided four hours per week. A podiatrist is on site every six weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>The facility has a new management team in place. The care centre manager has extensive experience managing aged care facilities and the clinical manager is a registered nurse (RN) with ten years of aged care experience. Recent improvements in the care home have included refurbishment projects throughout the facility and gardens (Mary Shapley won the Best Garden at a business Awarded by Pride Whakatane in 2019); and they have gone from having fewer than 50% of registered nurse roles filled at times in 2019 to having a full complement of registered nurses as well as employing two experienced unit coordinators. Feedback from a recent staff survey highlighted the need to focus on staffing within Mary Shapley. An action plan was devised to address issues such as absenteeism, recruitment and enhancement of the orientation programme by introducing a 'buddy system'. After residents commented that the evening meal was often cold, they purchased a scan box that has made a significant difference to the temperature of the food. They have also established a relationship with the Western Bay of Plenty Primary Health Organisation (WBOPPHO) clinical resource nurse and receive regular input from her regarding residents with complex clinical concerns.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers</p> | FA | <p>Policies and procedures relating to accident/incidents, complaints and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an</p> |

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| <p>communicate effectively with consumers and provide an environment conducive to effective communication.</p> | | <p>accident/incident. Fifteen accident/incident forms reviewed identified that family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes or following an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> |
| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | <p>FA</p> | <p>Mary Shapley is a Bupa aged residential care facility that provides care for up to 78 residents at hospital (geriatric and medical) and rest home levels of care. Twenty-five beds are designated as dual-purpose beds. On the day of the audit there were 69 residents: 34 rest home and 35 hospital. All residents were under the age-related residential care contract (ARCC).</p> <p>Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan and these goals are regularly reviewed.</p> <p>The care home manager has been in the role for eight months and has 30 years' experience in aged care. The clinical manager was appointed in February 2021 and has ten years of nursing experience in aged care including experience as a clinical manager. 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 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p> | <p>FA</p> | <p>The clinical manager, who is employed full time, is the second in charge with additional support provided by the Bupa operations manager. Two-unit coordinators support the clinical role of the clinical manager in her absence.</p> |

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| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | <p>PA Low</p> | <p>The quality and risk management programmes are established but not embedded into practice. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>Interviews with the managers and staff reflected their understanding of the quality and risk management systems but implementation of these systems is behind schedule. The monthly monitoring and collation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. Trends and the analyses of quality and risk data are available electronically (on RiskMan) but are not being utilised by the service.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule and corrective actions being implemented when service shortfalls are identified and signed off when completed. Missing is evidence of corrective actions being communicated to staff.</p> <p>An annual satisfaction survey is completed. The 2020 results reflect significant improvements in resident satisfaction when compared to 2019.</p> <p>The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. The health and safety team meet two-monthly. Staff undergo annual health and safety training which begins during their orientation. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. The hazard register is reviewed regularly.</p> <p>Strategies are implemented to reduce the number of falls. This includes, (but is not limited to) ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and intentional rounding. A recent initiative to reduce falls during handover has resulted in a positive outcome with four falls occurring during handover in March 2021 and only two in April 2021. The care home manager is currently working on establishing a falls prevention committee.</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</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. Incidents are coded in severity. All resident incidents logged with a high severity are immediately escalated to the Bupa head office and the regional operations manager.</p> <p>Fifteen accident/incident forms were reviewed (two skin tears, thirteen falls). Each event involving a resident reflected a clinical assessment and follow-up by a RN. Eleven unwitnessed falls were missing consistent</p> |

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| <p>where appropriate their family/whānau of choice in an open manner.</p> | | <p>evidence of routine neurological observations over a 24-hour timeframe (link 1.3.6.1).</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications made since the last audit include pressure injuries (grade three or higher), notification of a new clinical manager and one police callout. Public health authorities were notified for one respiratory outbreak.</p> |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | <p>PA Low</p> | <p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files reviewed (three RNs [one clinical manager, one unit coordinator, one staff RN] and six caregivers) reflected evidence of implementation of the recruitment process, signed employment contracts and signed job descriptions.</p> <p>A register of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type and includes documented competencies. New staff are buddied with more experienced staff.</p> <p>There is an annual education and training schedule in place that addresses all required areas. In-services are now being provided as a full day of training which is improving staff attendance. Staff files reviewed indicated that they have achieved a minimum of eight hours annually of education.</p> <p>Six of twelve RNs have completed their interRAI training.</p> <p>A competency programme is in place with different requirements according to work type (e.g., support work, registered nurse, and cleaner). Core competencies are completed annually, and a record of completion is maintained. RN competencies include assessment tools, BSLs/insulin administration, CD administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, CPR and syringe driver.</p> <p>Annual performance appraisals are behind schedule and is an area requiring improvement. The care home manager is aware of this and has a corrective plan in place to address this shortfall.</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</p> | <p>FA</p> | <p>A policy is in place that determines staffing levels and skill mix for safe service delivery. The staff roster provides sufficient and appropriate coverage for the effective delivery of care and support. Difficulties arise when shifts cannot be filled. Efforts are undertaken where possible to find staff to fill in, including requesting staff from nearby Bupa facilities (Te Puke, Tauranga, Rotorua) to provide cover. Staff from Auckland have also provided cover with accommodation made available.</p> <p>Current staffing levels reflect a full complement of RNs. The clinical manager/RN and care home manager</p> |

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| <p>providers.</p> | | <p>(non-clinical) are rostered Monday – Friday.</p> <p>The service is divided into two wings. On the days of audit Wing A had 25 rest home and 11 hospital level residents. Wing B had 10 rest home and 23 hospital level residents.</p> <p>In addition to two-unit coordinators who work from 0800 – 1630 Monday - Friday, there are two RNs on duty (one in each of the two wings) on the morning and afternoon shifts. One RN is on duty at night.</p> <p>There are six caregivers rostered for an eight-hour shift on each wing for the AM shift. Four caregivers are rostered for an eight-hour shift on each wing for the PM shift. Two caregivers are rostered for the night shift (one each wing).</p> <p>The on-call schedule is shared with four other Bupa care facilities. The care home manager is on call approximately once every two months for non-clinical related issues and the clinical manager will also be on call approximately once every two months after she has finished her orientation programme.</p> <p>Residents and relatives stated there were adequate staff on duty at all times. Staff stated they feel supported by the RNs, clinical manager and care home manager.</p> |
| <p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p> | <p>FA</p> | <p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents’ files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Electronic files are backed up using cloud-based technology. Residents’ files demonstrated service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</p> |
| <p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p> | <p>FA</p> | <p>There is an implemented Bupa admission policy. All residents have a needs assessment completed prior to entry that identifies the level of care required. The care home manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>An information pack including all relevant aspects of the service, advocacy and health and disability information is given to residents/families/whānau at entry. All relatives interviewed were familiar with the contents of the pack. The admission agreement provides information on services which are excluded, and examples of how services can be accessed that are not included in the agreement. Short-stay agreements are also available for short-stay residents; there were no short-stay residents at the time of audit.</p> |

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| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | FA | <p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. All appropriate documentation and communication were completed. Transfer to the hospital and back to the facility post-discharge was well documented in progress notes.</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 available for safe medicine management that meet legislative requirements. All clinical staff (RNs and senior caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. Four residents were self-medicating on the day of audit and had self-medication assessments in place authorised by the GP as well as safe and secure storage in their room.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly. Each drug chart has a photo identification and allergy status identified. PRN medications have indications for use and effectiveness is documented post-administration. There are no standing orders in use.</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> | FA | <p>The kitchen manager oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses. The kitchen is able to meet the needs of residents who require special diets, and the chef works closely with the registered nurses on duty. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan expiring September 2021. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures</p> |

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| | | are taken on each meal. Chiller and freezer temperatures are taken daily and were all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller and freezers. Resident meetings, surveys and one-to-one interaction with kitchen staff in the main dining room allow the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food. |
| <p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p> | FA | The reason for declining service entry to potential residents should this occur, is communicated to the potential resident or family/whānau and they are referred to the original referral agent for further information. The reasons for declining entry would be if the service had no beds available or could not provide the level of care. |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | FA | InterRAI assessments had been completed for all files reviewed within timeframes and areas triggered were addressed in care plans reviewed. In addition, the service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. The assessment booklet includes falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | FA | Nine resident files were reviewed across a range of conditions including (but not limited to) falls, behaviour that challenges, complex wounds, high medical needs and new admissions. In all files reviewed the care plans were comprehensive, addressed the resident need and were integrated with other allied health services involved in resident care. Relatives and residents interviewed all stated they were involved in the planning of resident care. In all files reviewed there is evidence of resident and relative involvement in care planning. Activity assessments were completed by the activities staff within three weeks of admission. Care plans reviewed provided evidence of individualised support. Short-term care plans are in use for short-term needs and changes in health status. |

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| <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 Moderate</p> | <p>The registered nurses complete care plans for residents. Progress notes in all files reviewed had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. Short-term care plans are documented for changes in health status. Care plans reviewed documented sufficient detail to guide care staff in the provision of care. A physiotherapist is employed to assess and assist residents' mobility and transfer needs.</p> <p>There was evidence of wound nurse specialist involvement in chronic wounds. There were 16 ongoing wounds including skin tears, lesions and chronic ulcers. There were no acquired pressure injuries at the time of audit. All wounds had wound assessments, appropriate management plans and ongoing evaluations completed.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Monitoring charts sighted included (but are not limited to), vital signs, blood glucose, pain, food and fluid, turning charts, neurological observations, bowel monitoring and behaviour monitoring.</p> <p>Family members interviewed stated they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. There was documented evidence of relative contact for any changes to resident health status on the family/whānau contact form held in the residents' files.</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 two activity coordinators (one a qualified diversional therapist) who provide a seven day per week programme between them, each working alternate weekends. There are set Bupa activities including themes and events. A weekly activities calendar and newsletter is distributed to residents and is posted on noticeboards. The activity coordinators catch up with each resident weekly to discuss activities for the resident. Residents interviewed stated that they enjoyed the personal care.</p> <p>Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The activity team provide a range of activities such as crafts, exercises, bingo, golf, quizzes, van trips, sing-alongs, movies and pampering sessions.</p> <p>Community visitors include entertainers, church services and pet therapy visits.</p> <p>The activity coordinators are involved in the admission process, completing the initial activities assessment, and have input in to the cultural assessment, 'map of life' and 'my day my way' adding additional information</p> |

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| | | <p>as appropriate. An activities plan is completed within timeframes, a monthly record of attendance is maintained, and evaluations are completed six-monthly.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>Care plans were reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status, in all files sampled for those residents who had been there for six months or more. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities coordinator, resident and family members and any other relevant person involved in the care of the resident. The GP reviews the resident at least three-monthly. Short-term care plans are in use for acute and short-term issues. These are evaluated at regular evaluations.</p> |
| <p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p> | FA | <p>Bupa Mary Shapley facilitates access to other medical and non-medical services. Referral to other health and disability services is evident in the sample group of resident files. The RNs initiate referrals to nurse specialists, and allied health services. Other specialist referrals are made by the GP. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed, and the resident was reassessed from rest home to hospital.</p> |
| <p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated</p> | FA | <p>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets were readily accessible for staff. Chemical bottles sighted had correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A spills kit is available.</p> |

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| during service delivery. | | |
| <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> | FA | <p>The building holds a current building systems status report, issued in lieu of the building warrant of fitness, which expires on 10 June 2021. A request book for repairs is maintained and signed off as repairs are completed. There is a full-time maintenance officer who carries out the 52-week planned maintenance programme. The checking and calibration of medical equipment including hoists, have been completed annually. All electrical equipment has been tested and tagged. Hot water temperatures have been tested (randomly) and recorded fortnightly with corrective actions for temperatures outside of the acceptable range. Preferred contractors are available 24/7.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids, where required. There is outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. The external areas are landscaped.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment required to provide the care documented in the care plans.</p> |
| <p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | FA | <p>The facility has two wings. There are showers and toilets throughout the facility. There are adequate visitor and staff toilet facilities available. There is a mobility bathroom with shower bed available. Communal toilets and bathrooms have appropriate signage and shower curtains installed. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning.</p> <p>Water temperatures are monitored, and temperatures are maintained at or below 45 degrees Celsius. Residents interviewed reported their privacy is maintained at all times.</p> |
| <p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate</p> | FA | <p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms. Staff interviewed reported that rooms have sufficient space to allow cares to take place. Residents are encouraged to bring their own pictures, photos and furniture to personalise their room, as observed during the audit.</p> |

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| to the consumer group and setting. | | |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | FA | <p>There are several lounges throughout the facility and combined lounge/dining rooms. The lounges and dining room are accessible and accommodate the equipment required for the residents. The lounges and dining areas are large enough to cater for activities. Residents are able to move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit. Activities occur throughout the facility in addition to a dedicated activities room. There are quiet areas if residents wish to have some quiet time or speak privately with friends or family.</p> |
| <p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | FA | <p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry has a dirty to clean workflow and entry and exit doors. All linen and personal clothing is laundered on site. The chemical provider monitors the effectiveness of the laundry process. Cleaning trolleys are kept in designated locked cupboards when not in use. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits also monitor the effectiveness of the cleaning and laundry processes.</p> |
| <p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p> | FA | <p>There are emergency/disaster management plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. At least one staff member is on duty at all times with a current first aid certificate. Fire evacuation drills take place every six months. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative gas facilities for cooking in the event of a power failure, with a backup system for emergency lighting and battery backup.</p> <p>Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are available. There are civil defence kits that are regularly checked. There is water stored (water tank) to ensure a minimum of four litres per day for three days per resident. A recent tsunami civil emergency resulted in the successful evacuation of 40 residents.</p> <p>Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. Residents were sighted to have call bells within reach during the audit and this was confirmed during resident and relative interviews. The service has a visitors' book at reception for all visitors, including contractors, to sign in and out. The facility is secured at night. Access by public is limited to the main entrance.</p> |

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| <p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> | FA | <p>General living areas and resident rooms are appropriately heated and ventilated. The facility has central heating that is thermostatically controlled. All bedrooms and communal areas have at least one external window.</p> |
| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p> | FA | <p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well-informed about infection control practises and reporting. The infection control coordinator (clinical manager) is responsible for infection control across the facility. The infection control committee and the Bupa governing body is responsible for the development and review of the infection control programme.</p> <p>Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. Residents are offered the influenza vaccine. There has been one outbreak (respiratory) in 2020 which was appropriately managed and included liaison with the local DHB. Public health authorities were notified.</p> <p>Covid-19 education has been provided for all staff, including hand hygiene and use of PPE. Bupa has monthly infection control teleconferences for information, education and discussion and Covid updates should matters arise in between scheduled meeting times. All visitors are required to provide contact tracing information.</p> |
| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the</p> | FA | <p>There are adequate resources to implement the infection control programme at Bupa Mary Shapley. The infection control committee meet as part of staff meetings and also as part of the registered nurse meetings. The IC coordinator has completed training in infection control. External resources and support are available through the Bupa quality & risk team, external specialists, microbiologist, GP, wound nurse specialist and DHB when required.</p> |

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| organisation. | | |
| <p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p> | FA | <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policies are updated regularly and directed from head office.</p> |
| <p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p> | FA | <p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff.</p> <p>The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking.</p> <p>Consumer education is expected to occur as part of the daily care.</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>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data including trends, analysis and corrective actions/quality are discussed at staff and clinical meetings.</p> <p>Infections are entered into the electronic database for benchmarking. Corrective actions are established where trends are identified.</p> |

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| <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. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Interviews with the restraint coordinator, clinical manager and care staff confirmed their understanding of restraints and enablers. At the time of the audit, the service had no residents using any restraints or enablers. Staff training is provided around restraint minimisation and management of challenging behaviours.</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) |
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| <p>Criterion 1.1.13.3</p> <p>An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p> | <p>PA</p> <p>Moderate</p> | <p>Two complaints received in 2021 around residents' cares were missing evidence of resolution. One resident and family interviewed indicated that this complaint, serious in its nature, has not been resolved. The second complaint, around resident cares, was documented as resolved but there was no indication that a final letter had been sent to the complainant.</p> | <p>Two of four complaints lodged were missing documented evidence of the complainant being informed of the outcome of the complaint.</p> | <p>Ensure there is documented evidence to support complainants are informed of the outcome of their complaint.</p> <p>60 days</p> |
| <p>Criterion 1.2.3.6</p> <p>Quality improvement</p> | <p>PA</p> <p>Low</p> | <p>A range of quality data is collected but is not being trended or analysed with results communicated to staff. Internal audits are completed as per the</p> | <p>(i) Quality data that is being collected and collated (e.g., falls, skin tears, bruising, infections) is not being trended, analysed or</p> | <p>(i) Ensure quality data that is</p> |

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| <p>data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p> | | <p>Bupa internal audit schedule, but results that have associated corrective actions are not communicated to staff in the quality meeting minutes.</p> | <p>communicated to staff.</p> <p>(ii) Internal audit results with associated corrective actions (if any) are not included in the quality meeting minutes.</p> <p>(iii) The two-monthly quality meeting minutes for April 2021 indicated that no complaints had been received over the preceding two months, but in fact four complaints had been received (three in February and one in March).</p> | <p>collected and collated is trended and analysed with results communicated to staff.</p> <p>(ii) Ensure internal audit results with associated corrective actions (if any) are communicated to staff.</p> <p>(iii) Ensure complaints received are included in the quality meeting minutes.</p> <p>90 days</p> |
| <p>Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p> | <p>PA Low</p> | <p>An education and training programme is developed by the Bupa head office that addresses all required areas. In addition to in-service training, staff complete a range of competency assessments.</p> <p>Evidence of annual performance appraisals were missing in a selection of staff files. This has been identified as an area requiring improvement by the care home manager with a corrective action being implemented at the time of the audit.</p> | <p>Evidence of annual performance appraisals were missing in all four staff files of staff who have been employed for over one year.</p> | <p>Ensure performance appraisals are completed annually, in line with the organisation's policies and procedures.</p> |

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| | | | | 90 days |
| <p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p> | <p>PA</p> <p>Moderate</p> | <p>There are clear indications, requirements and timescales related to neurological observations in Bupa policy. Not all neurological observations were carried out and documented as per Bupa policy.</p> | <p>Neurological observations were not consistently documented according to Bupa policy for eight of eleven falls which required neurological observations. Three did not document any and five did not have full sets of observations taken. This is a moderate finding as had been a shortfall in the last surveillance audit.</p> | <p>Ensure neurological observations are documented as per Bupa policy.</p> <p>60 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.

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End of the report.