

Bupa Care Services NZ Limited - Ballarat Care Home

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:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Ballarat Care Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 12 April 2021 End date: 13 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: 73

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

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

General overview of the audit

Ballarat Care Home is a Bupa residential care facility. The service provides care for up to 80 residents at hospital, rest home and dementia level of care. On the day of the audit there were 73 residents in total.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and general practitioner.

The care home manager is a registered nurse and experienced in elderly care and management. The care home manager is supported by a clinical manager and two-unit managers.

The residents and relatives interviewed all spoke positively about the home, staff and the care provided.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to the service and has been embedded in practice. Quality initiatives are implemented which provide evidence of improved services for residents.

This audit identified areas for improvement around care plan documentation and care interventions.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff at Ballarat Care Home strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication, and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Ballarat Care Home is implementing the organisational quality and risk management system that supports the provision of clinical care. Quality activities are conducted, and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Residents/family meetings have been held and residents and families are surveyed regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. An education and training programme has been implemented with a current training plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

<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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There is a comprehensive admission package available prior to or on entry to the service. Resident 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 demonstrate service integration and are reviewed at least six-monthly. Resident files include one to three monthly reviews by the general practitioners. There is evidence of other allied health and specialist input into resident care.

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

An integrated activities programme is implemented for all residents. There is also a specific programme for the residents in the secure dementia unit. The programme includes community visitors and outings, entertainment and activities that meets the recreational preferences and abilities of the residents.

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Chemicals are stored securely throughout the facility. The building holds a current building WOF. Resident rooms are single, spacious, and personalised. All rooms, each ensuite and communal bathrooms are large enough for mobility equipment. There is a mobility bathroom with shower on each floor. Communal areas within each area/community are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures, fittings, and flooring is 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 is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and hoists have been serviced and calibrated. Hot water temperatures are monitored.

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. At the time of the audit, the service had no residents using restraint or enablers. Staff receive training in restraint minimisation and challenging behaviour management.

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. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	43	0	1	1	0	0
Criteria	0	91	0	1	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff could describe how the Code is incorporated in their everyday delivery of care. Interviews with eleven care staff; six caregivers and five registered nurses (RN), including two-unit coordinators demonstrated their understanding of the key principles of the Code. Staff receive training about the Code during their induction to the service and part of the compulsory education training days.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There were signed general consents including outings in all nine resident files reviewed. Resuscitation treatment plans, and advance directives were completed in the files reviewed. The three files sampled from the dementia unit all included approval from the need's assessment service for secure dementia care and signed EPOAs on file.</p> <p>Discussions with caregivers, and registered nurses (RNs) confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their</p>

		<p>relative's lives.</p> <p>Informed consent processes were also being reviewed through the six-monthly MDT meeting with residents and relatives and also links to the quality system through satisfaction surveys and internal audits.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the HDC office 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.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>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 and family/whānau meetings are held two-monthly. Monthly newsletters are provided to residents and relatives. There is evidence of sound communication with family members and residents throughout the Covid-19 pandemic lockdown periods.</p>
<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 maintains a record of all compliments, complaints, both verbal and written, by using a complaint register on RiskMan. There have been 26 concerns/complaints made in 2020 and five concerns/complaints received year to date for 2021. The five complaints reviewed from 2021, included documented follow-up emails, letters and resolution that demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussion with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, the clinical manager and RNs discuss aspects of the Code with residents and their family on admission. All seven residents (three rest home level and four hospital level) and four relatives (one rest home, one hospital and two dementia level of care) interviewed, reported that the residents' rights are being upheld</p>

		by the service. Interviews with residents and family also confirmed their understanding of the Code.
<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. 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 is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect and staff have received 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 no residents that identified as Māori at the time of the audit. Māori consultation is available through a local kaumātua and Tuahiwi Marae. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were 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 recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values, is used to develop a care plan with the resident (if appropriate) and/or their family/whānau consultation. Staff received training on cultural awareness as part of the compulsory education training days.</p>
<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. Professional boundaries are defined in job descriptions which include responsibilities of the position, ethics, advocacy, and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct. 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</p>

		concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. A general practitioner (GP) visits the facility three days a week. The service receives support from the local district health board (DHB). Physiotherapy services are provided on site, visiting twice a week and a physiotherapy assistant is available for 10 hours a week. There is a regular in-service education and training programme for staff. The service has links with the local community and encourages residents to remain independent. External visits from health professionals include a dietitian and pharmacists who, in addition to supplying medication, give advice to staff regarding medication.</p> <p>Ballarat Care Home is benchmarked against Bupa rest home, hospital, and dementia level of care data. If the results are above the benchmark, a corrective action plan is developed by the service. All Bupa facilities have a master copy of all policies and procedures and a master copy of clinical forms filed alphabetically in folders. These documents have been developed in line with current accepted best and/or evidence-based practice. A number of core clinical practices also have education packages for staff. The most recent resident and family satisfaction survey results completed in 2020 reflected positive feedback. A monthly newsletter updates the residents and families about past and future events and developments both within the service and the Bupa organisation as a whole.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Twelve incidents/accidents forms selected for review indicated that family/whānau were informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. A monthly newsletter is produced for residents and relatives keeping them informed on facility matters and activities. An interpreter policy and contact details of interpreters is available. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and	FA	<p>Ballarat Care Home is a Bupa residential care facility. The service provides care for up to 80 residents at hospital, rest home and dementia level of care. On the day of the audit there were 73 residents in total. There are 50 dual-purpose beds across two units (Loburn and Sefton hospital 25 bed units). There is a designated 10 bed rest home unit (Ashley) and a 20-bed dementia care unit (Fernside). On</p>

<p>appropriate to the needs of consumers.</p>		<p>the day of audit, there were 19 rest home residents and 37 hospital residents (including one resident on a palliative contract for end-of-life care) and 17 dementia care residents. All other residents were under the ARRC contract. 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. The care home manager provides a monthly report to the Southland Bupa operations manager and there are weekly zoom meetings to monitor progress of quality goals.</p> <p>The service has annual goals that are reported quarterly. The goals for 2021 include; (i) increase RN completion of professional development and recognition programme (PDRP) by 10%, (ii) decrease rates of anti-psychotic use for residents with dementia by 10%, and (iii) reduce facility acquired pressure injuries across the care centre by 10%. Monthly updates are reported to the quality team with progress against the goals and the monthly quality meetings document that the plans are discussed and progress towards goals.</p> <p>The care home manager has been in the role at Ballarat Care Home since November 2018. She is a RN and experienced in elderly care and management. The care home manager is supported by a clinical manager and two-unit coordinators. Staff spoke positively about the support/direction and management of the current 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. A Southern Bupa managers meeting is booked for May 2021.</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 organisation has acting care home managers who cover the facility care home manager for absences over two weeks. The clinical manager who supports the care home manager covers short periods of leave. The operations manager, who visits regularly, supports both managers.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an</p>	<p>FA</p>	<p>The Bupa quality and risk management programme is implemented at Ballarat Care Home. Interviews with the managers and staff reflected their understanding of the quality and risk management systems. There are procedures to guide staff in managing clinical and non-clinical emergencies. A document</p>

<p>established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>control system is in place. Policies are regularly reviewed at head office. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Quality indicator data collected (eg, falls, medication errors, antipsychotic drug usage, wounds, skin tears, pressure injuries, complaints) are collected, collated, and analysed with results communicated to staff. Ballarat Care Home is benchmarked against Bupa rest home, hospital, and dementia level of care data. If the results are above the benchmark, a corrective action plan is developed by the service.</p> <p>Quality indicator data (eg, falls, medication errors, antipsychotic drug usage, wounds, skin tears, pressure injuries, complaints) is collected in RiskMan and collated, and analysed with results communicated to staff. Corrective action plans are established and implemented for indicators above the benchmark. An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by either the care home manager or clinical manager when implemented. There are a range of meetings that include monthly head of department, quality, health and safety, infection control meetings, along with regular and diarised meetings such as clinical/RN, staff, kitchen, and activity staff meetings. Meetings have continued to be held during the Covid-19 pandemic noting that the schedule was modified to maintain social distancing and safe practice.</p> <p>An annual satisfaction survey was completed in 2020 with feedback analysed, which reflected positive comments from relatives and residents and an improvement on the previous year survey result. There was one corrective action around food. Resident meeting minutes evidenced discussion around the survey results. The health and safety programme includes a specific and measurable health and safety goal that is developed by head office and is regularly reviewed. The health and safety committee is part of the monthly staff/quality meetings. Staff interviewed stated they have the opportunity to provide input at the health and safety committee meetings. Staff undergo annual health and safety training which begins during their orientation. Hazard management is discussed and there is a current hazard register in place. Bupa belongs to the ACC Partnership Programme and have attained the tertiary level. Falls prevention is discussed each month and there is a specific action plan in place for falls minimisation. Individual falls minimisation is documented in residents' care plans.</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</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident, with the immediate action noted and any follow-up action(s) required. Fifteen accident/incident forms for March 2021 were reviewed. Each event involving a resident reflected an initial clinical assessment by a RN and follow-up action and corrective actions implemented and signed off. Episodes of behaviours that challenge were documented through the incident/accident process and included family communications. Neurological observations were documented for falls related incidents. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and</p>

<p>consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>analysed for trends.</p> <p>Discussions with the care home manager and unit coordinator confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, three section 31 notifications were completed for three unstageable pressure injuries on 10 March 2021, 28 October 2020, and 2 April 2020. A suspected gastro outbreak in March 2021 and two respiratory viruses in August and April 2020 were notified to the public health authorities.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files reviewed (one clinical manager, two-unit coordinators, five caregivers, one activities coordinator and one maintenance officer) evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates including all health professionals involved in the service 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 (e.g., RN, support staff) and includes documented competencies. Staff interviewed believed new staff are adequately orientated to the service.</p> <p>Ballarat Care Home has 15 RNs in total and 12 have completed interRAI training. There are 50 caregivers in total. Completed Careerforce training is as follows; 17 have completed level four, 14 have completed level three and 13 have completed level two training. There are 17 caregivers who work routinely in the dementia unit, including one agency caregiver. All have completed their dementia standards. Person First Dementia Second training was introduced in 2019 and is ongoing. There is an annual education planner in place that covers compulsory education requirements. A number of annual competencies are completed, and signed competency questionnaires were sighted in reviewed staff files. There are two Careerforce assessors on site. Additional education has been provided via toolbox talks. Toolbox Talks included PPE preparedness, new admissions, medical emergencies and choking, oxygen use, progress notes 'hints and tips and the use of pagers.</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>The staffing levels meet contractual requirements. The care home manager and the clinical manager are on duty Monday to Friday and on-call after hours. Sufficient numbers of caregivers' support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy. At the time of the audit, there were 73 residents in total: 37 hospital residents, 19 rest home residents, and 17 dementia level care residents.</p> <p>Staffing levels are as follows:</p>

<p>providers.</p>		<p>There is a unit coordinator/RN, Monday to Friday for all hospital and rest home.</p> <p>Loburn unit: (25 beds with 19 hospital level residents and 3 rest home): there is one RN and four caregivers (two long shifts and two short shifts) on the morning shift, one RN and three caregivers (two long shifts and one short shift) on the afternoon shift. There are two caregivers at night, and they oversee the rest home as well.</p> <p>Sefton unit: (25 beds, 18 hospital and 6 rest home residents): there is one RN and four caregivers (two long shifts and two short shifts), on the morning shift, one RN and three caregivers (two long shifts and one short shift) on the afternoon shift. There is one night caregiver.</p> <p>Ashley unit: (10 bed, 10 rest home residents): there is one caregiver on the morning and afternoon shifts.</p> <p>Fernside dementia care unit: (20 beds, 17 dementia care residents): there is a unit coordinator/RN from Monday to Friday, supported by three caregivers on the morning and two caregivers on afternoon shifts. There is one caregiver at night.</p> <p>There is one RN on duty for the whole facility on the night shift.</p> <p>Activities staff are allocated to the rest home, hospital, and dementia care unit.</p> <p>There are designated food services staff, cleaning, and laundry staff seven days a week.</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. 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 records are also secure using cloud-based technology.</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 are policies and procedures to safely guide service provision and entry to services, including a comprehensive admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/whānau at entry, including specific information around secure dementia care. The admission agreement reviewed aligns with the service's contracts. Nine admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.</p>

<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>	<p>FA</p>	<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. Transfers to the hospital and back to the facility post-discharge, was well documented in progress notes for one file reviewed.</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>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The RN checks all medications on delivery against the medication chart and any pharmacy errors recorded and fed back to the supplying pharmacy. The service uses an electronic medication management system and robotic packs.</p> <p>Registered nurses, and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Other competencies completed by RNs include insulin administration and syringe driver. Medication administration observed for hospital level and for dementia care, both documented a safe process (link 1.3.6.1).</p> <p>The medication fridges and rooms for each of the four medication rooms had temperatures recorded daily and these were within acceptable ranges. Eighteen medication charts were reviewed across the three levels of care. Photo identification and allergy status were documented. All electronic medication charts had been reviewed by the GP at least three-monthly. Four secure medication rooms were clean and well cared for, the most recent medication audit for March 2021 documented a 94% result.</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>All meals are prepared and cooked on site. There is a Bupa-wide seasonal menu which has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met. Fridge and freezer temperatures are taken and recorded daily. End-cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. A current food control plan is in place expiring 21 September 2021.</p> <p>Kitchen staff have completed food safety education. Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and relatives interviewed were satisfied with the meals and confirmed alternative food choices were offered for dislikes.</p>

		<p>There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance.</p> <p>During lockdown, the service ensured that additional snacks and treats were made available to residents as they were unable to visit shops. Snacks and drinks were available over 24 hours for all areas including the dementia unit.</p>
<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	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency if entry were declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The facility has embedded the interRAI assessment protocols within its current documentation. Bupa assessment booklets on admission and care plan templates were comprehensively completed in the majority of resident files reviewed (link 1.3.5.2). InterRAI assessments including assessment summary, MDS comments and client summary reports were evident in printed format in eight of nine files (one was new). All files reviewed identified that risk assessments have been completed on admission and reviewed at least six-monthly as part of the evaluation and multi-disciplinary review process. Additional assessments for management of behaviour, pain, wound care, and restraint were completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Nine resident files were reviewed for this audit. Two at rest home level, three from the secure dementia unit and four at hospital level. All were for long term residents. Care plans reviewed demonstrated service integration and input from allied health and specialists. The care plans identified links to specialists involved in resident care, but not all document interventions for all care needs.</p> <p>Residents and family members interviewed confirmed they are involved in the development and review of care plans. Short-term care plans were in use for changes in health status.</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 Moderate</p>	<p>When a residents' condition changes the RN initiates a GP visit or specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Registered nurses were regularly involved in resident daily care and ongoing assessments as identified in the progress notes. Not all care interventions were documented as provided.</p> <p>Continence products are available and resident files include 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>Wound care folders were reviewed in each of the three areas (rest home, hospital, and dementia unit). There were no wounds in the dementia unit, there was one healed pressure injury in the hospital with the wound plan requiring daily checks and one grade two pressure injury. All wound plans reviewed documented assessments, a wound management plan and regular evaluations.</p> <p>Monitoring charts were well utilised, and examples sighted included (but were not limited to), weight and vital signs, blood glucose, pain, food, and fluid, turning charts and behaviour monitoring as required.</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 activity team includes an occupational therapist, a diversional therapist, and activities coordinators (four in the team). Activities are provided across seven days with activities held during the morning and afternoons. There is a programme for the dementia unit, one for the hospital and one for the rest home. Residents can join in any of the activities. Resident files in the dementia unit all included a 24-hour activity plan (My day My way).</p> <p>The activities team ensures all residents have a map of life completed on admission. They develop the activities and socialisation section of the care plan and ensure reviews are completed at least six-monthly. Attendance records were maintained in the resident files reviewed.</p> <p>The monthly planner is developed to include a range of activities. There are a wide range of activities, and residents from the dementia unit often join in mainstream activities as well as having dementia-specific activities in the secure unit. Family members are encouraged to join in activities, including van trips. Activities include themed activities, walks, crafts, school visits, bingo, library, church services and singalongs.</p> <p>One-on-one activities include talking to the residents individually, hand massages, passive exercises, going for walks around the gardens, and reminiscing with photos in resident rooms.</p> <p>Residents/family have the opportunity to provide feedback on the activity programme through resident</p>

		<p>meetings and satisfaction surveys. Residents and family interviewed, stated the activity programme was varied and there were lots to choose from.</p> <p>Interviews with residents, relatives and staff confirmed they fit in well with other residents and enjoy the activities together.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Written evaluations reviewed described the resident's progress against the residents identified goals. InterRAI assessments have been completed in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were implemented and evaluated. Long-term care plans had been updated where health conditions had changed. The multidisciplinary review (MDR) involves the RN, GP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. Residents interviewed confirmed involvement in the MDR meetings. There is at least a one or three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>
<p>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>The service facilitates access to other medical and non-medical services. There was evidence of where a resident's condition had changed, and the resident was reassessed for a higher or different level of care. Discussion with the unit coordinators and RNs identified that the service has access to a wide range of support either through the GP, Bupa specialists and allied services. Files reviewed included referral to a number of services including (but not limited to) dietitian, wound care specialist, speech language therapist, and occupational therapist.</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 during service delivery.</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 have 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 chemical spills kit is available.</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 building holds a current building warrant of fitness, which expires on 10 December 2021. Reactive and preventative maintenance occurs. There is a full-time property manager who is on call for facility matters. There is a 52-week planned maintenance programme in place. The checking of medical equipment including hoists, has been completed annually by an external contractor. All electrical equipment has been tested and tagged. Hot water temperatures have been tested and recorded monthly 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.</p> <p>There is outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. There is a designated resident smoking area for the rest home and hospital area.</p> <p>There is secure entry to the special care unit. The outside area in the dementia unit is secure with well-maintained easily accessed garden areas.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment required to provide the care documented in the care plans. Registered nurses stated that when something that is needed is not available, management provide this in a timely manner.</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>	<p>FA</p>	<p>All rest home bedrooms in the Ashley rest home wing have an individual full ensuite. The dual-purpose wings (Loburn and Sefton) have a mixture of individual and a shared ensuite in bedrooms. The Fernside dementia care unit bedrooms are mostly a shared ensuite with two rooms with individual facilities. Toilet and shower facilities are of an appropriate design to meet the needs of the residents. The fixtures, fittings, floors, and wall surfaces are constructed from materials that can be easily cleaned. There are communal toilets located near the lounge/dining rooms. Communal toilet facilities have a system that indicates if it is engaged or vacant. Slide signs indicate whether the communal toilet/showers are vacant or in use. 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 to the consumer group and setting.</p>	<p>FA</p>	<p>There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. Staff interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms have wide doors for bed evacuation or ambulance trolley access. Residents are encouraged to bring their own pictures, photos, and small pieces of furniture to personalise their room.</p>

<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>Communal areas within the facility include an open plan lounge and dining area. There are smaller lounges, meeting room and a family room within the facility. The communal areas are easily accessible for residents. Seating and space is arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander.</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 work flow. There are dedicated laundry and housekeeping staff. All linen and personal clothing was laundered on site. 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 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 is an emergency management plan in place to ensure health, civil defence and other emergencies are included. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six monthly fire evacuation attendance documentation was sighted, last completed on 12 February 2021. Fire training and security situations are part of orientation of new staff and are ongoing as part of the annual training plan. There are adequate supplies in the event of a civil defence emergency including food, supplies (torches, radios, and batteries), emergency power and BBQ/gas hobs in the kitchen. There are civil defence/outbreak supplies available in the rest home, hospital, and dementia units. There is sufficient water stored to ensure for three litres per day for three days per resident.</p> <p>Emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated show on a display panel and also give an audible alert. There is an escalation system in place that alerts management, should call bells ring for extended periods. Residents have call bells within reach (sighted) and this was confirmed during resident and relative interviews. The facility is secure after hours with security lighting and security patrols at night. The service has a visitors' book at reception for all visitors, including contractors, to sign in and out. Access by public is limited to the main entrance. Covid-19 sign-in is mandatory for visitors and staff.</p>

<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>The facility has ceiling panels throughout the personal rooms with individual temperature controls in each room. All communal areas and corridors are heated by heat pumps, which are checked weekly by maintenance personal. Bedrooms are well ventilated and well lit. Residents and family members interviewed stated the temperature of the facility was comfortable. There is plenty of natural light in residents' rooms.</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 is 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 is a registered nurse, and she is responsible for infection control across the facility. The committee and the Bupa governing body is responsible for the development of the infection control programme and its review. The facility infection control committee consists of a cross-section of staff as part of the RN meeting and the quality meeting. There is external input as required from general practitioners, and Bupa quality & risk team.</p> <p>The service has process' and procedures implemented to manage the risk posted by covid -19. Bupa implemented weekly teleconferences during covid- 19 lock down to ensure staff have the most up to date information. Additional education has been provided around PPE and 100% of staff have attended.</p> <p>All residents are screened using the Covid- 19 screen form prior admission. All visitors complete a health questionnaire and wear masks.</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 organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Bupa Ballarat. The infection control (IC) coordinator has maintained best practice by attending an external infection control & prevention training day. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</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</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>		<p>and scope of the programme. Policy updates reflect Covid 19 precautionst</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Orientation package includes specific training around hand hygiene and standard precautions. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice and group benchmarking.</p> <p>Infection control training is regularly held as part of the annual training schedule. IC competencies and toolbox talks are also held.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator (RN) collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data including trends is discussed at quality, health and safety, RN, and staff meetings. Meeting minutes are available to staff. Trends are identified, analysed and preventative measures put in place. The facility benchmarks with other Bupa facilities.</p> <p>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 is available to all staff.</p> <p>Infections are entered into the electronic data base for benchmarking. Corrective actions are established where trends are identified. There have been no outbreaks recorded.</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. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The clinical manager is the restraint coordinator. There were no residents using enablers or restraint at the time of the audit. Staff receive education on restraint and the management of challenging behaviours.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	<p>All nine resident files reviewed included the paper-based Bupa care plan. All care plans were up to date. The three care plans from the dementia unit were very personalised and resident focussed. Overall, the care plans from the rest home and hospital level were resident focussed, with most aspects of care well documented, but not all interventions were fully documented.</p>	<p>(i). One hospital level resident did not have the need for analgesia prior to dressings documented in the care plan (or wound care plan).</p> <p>(ii). One hospital level resident did not have interventions to manage behaviours that challenge documented.</p> <p>(iii). One rest home resident did not have nursing interventions to assist relaxation and sleep (only medication).</p>	<p>Ensure the care plans document all interventions to manage resident care.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of</p>	PA Moderate	<p>The service had accessed palliative care nurse specialist input to care for a resident on end-of-life</p>	<p>One resident did not always have analgesia given prior to dressings as</p>	<p>Ensure that the care and</p>

<p>services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>care. However not all specialist direction was followed.</p>	<p>per the palliative nurse specialist instructions, the analgesia given was not always the analgesia directed by the palliative nurse specialist and the outcome of analgesia was not always documented.</p>	<p>analgesia directed by the nurse specialist is followed and that the outcome of 'as needed' medication is documented.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.