

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 Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	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: 26 April 2018 End date: 27 April 2018
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	79

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Ballarat rest home and hospital is part of the Bupa aged care residential group. The service provides rest home, hospital and dementia level of care for up to 80 residents. On the day of the audit there were 79 residents.

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

The care home manager is a registered nurse and has aged care clinical and management experience with Bupa for eight years. She is supported by a clinical manager with aged care experience. The management team is supported by a regional operations manager.

The residents and relatives spoke positively about the staff and the care provided at Bupa Ballarat.

This audit identified areas for improvement around weight monitoring and aspects of medicine management.

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 Bupa Ballarat 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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Bupa Ballarat 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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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 demonstrate service integration and are reviewed at least six monthly. Resident files included medical notes by the contracted GP 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 is 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

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. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building holds a current warrant of fitness. Resident rooms are single, spacious and personalised. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. 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 all hoists have been serviced and calibrated.

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

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) and two registered nurses are 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. 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	90	0	2	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 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 care staff (seven caregivers and three registered nurses) demonstrated their understanding of the key principles of the Code.</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>There is an informed consent policy. In all nine files sampled, (two rest home, two dementia and five hospital [one of which was on a younger person with disabilities contract]), all residents had general consent forms signed, on file. Staff were 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.</p> <p>There was evidence in files sampled of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. In the files sampled, there was an appropriately signed resuscitation plan and advance directive in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and</p>

		<p>sighted for all the files seen.</p> <p>Copies of EPOAs were on resident files in the dementia unit.</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. Staff receive education and training on the role of advocacy 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>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 such as RSA and church groups by encouraging their attendance at functions and events, and providing assistance to ensure that they are able to participate. Residents enjoy visits from local schoolchildren and mothers' groups. There is an 'adopt a grandparent' programme in place.</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 complaints register (in hard copy and on the intranet). There have been 14 concerns/complaints for 2017 and three complaints to date for 2018. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. The service has recently received a final report on an HDC complaint dated 2014 and in the progress of developing an action plan for recommendations made.</p> <p>Discussions 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 registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>All six residents (four rest home level and two hospital level) and eight relatives (seven hospital and one dementia level of care) interviewed, report that the residents' rights are being upheld by the service.</p>

		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 on the day of audit.</p> <p>Māori consultation is available through a local Kaumātua. 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.</p> <p>Information gathered during assessment including resident's cultural beliefs and values, is used to develop a care plan with resident (if appropriate) and/or their family/whānau consultation. Staff received training on cultural awareness in June 2017.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial,</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. 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,</p>

or other exploitation.		staff meetings, and performance management if there is infringement with the person concerned.
<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 seven days a week, 24 hours a day. The service receives support from the district health board, which includes visits from the mental health team and nurse specialist's visits. Physiotherapy services are provided on-site, twice weekly. There is a regular in-service education and training programme for staff. Policies and procedures meet current best practice and are readily available to staff.</p> <p>Ballarat has implemented a number of improvements since previous audit including (but not limited to); (i) All new staff are required to attend orientation training at another Bupa Care Home in Christchurch. This is held on a regular basis by a Bupa Educator to complete core components of the orientation process. (ii) All staff have completed /attended their 12 hours of in house training. In 2018, the service implemented education days with core education components. These are offered on multiple days and times to ensure all staff are able to attend. This has assisted the service to meeting over 80% of staff attending required hours. (iii) Increase in staffing in Dementia area: They now have two staff on Am and Pm shifts with a small shift on Am shift as well. Activities are offered seven days a week with four on and four off roster. (iv) Introduced 2x weekly clinical review meetings held with the care home manager, clinical manager, unit coordinator and RNs to identify residents with changing health needs. During these meetings, they follow-up on previous issues, review acute changes, review STCP's, wound management, weight loss and falls.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Nine accident/incident forms were reviewed from February 2018. There is documented evidence of communication with family following an adverse event. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>There are monthly friends and family meetings that promote open communication. A monthly newsletter is produced for residents and relatives keeping them informed on facility matters and activities.</p> <p>An interpreter policy and contact details of interpreters is available.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. 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>

<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>Ballarat rest home and hospital 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 79 residents. There are 50 dual-purpose beds in two units of 25 beds (Loburn and Sefton hospital units). There is a designated 10 bed rest home unit (Ashley) and a 20-bed dementia care unit (Fernside). On the day of audit there were 20 rest home residents (10 in Fernside and 10 in dual-purpose beds), 39 hospital residents (including two residents on YPD contracts) and 20 dementia care residents. All other residents were under the aged related 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 weekly report to the Southland Bupa operations manager and there are monthly teleconferences to monitor progress of quality goals.</p> <p>The service has annual goals that are reported quarterly. The goals for 2018 include; (i) to decrease falls by 30% across the whole facility, this was a goal from last year and they did not reach this goal. A quality initiative has been implemented around this. (ii) To reduce skin tears and bruising by 30% on last years stats, they have identified this goal from last year statistics as they had an increase. A quality initiative has been implemented around this; (iii) For all residents to have meaningful activities on offer, as per a corrective action they implemented from their last resident satisfaction survey.</p> <p>The care home manager has been in the role at Bupa Ballarat for five months and previously a care home manager with another Bupa facility. She has been with Bupa for eight years. The care home manager is supported by a clinical manager who has been in the role one year and has nine years aged care experience. Staff spoke positively about the support/direction and management of the current management team.</p> <p>The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service, including attendance at a Bupa forum over three days, that covered business management, health and safety requirements and investigations and hazard management.</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</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/registered nurse (RN) who supports the care home manager covers short periods of leave. The operations manager, who visits regularly, supports both managers.</p>

<p>efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is well established. Interviews with the managers and staff reflect their understanding of the quality and risk management systems.</p> <p>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 at head office. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, pressure injuries and wounds. Quality data is entered into the organisational riskman data base where results are benchmarked against quality indicators. A corrective action plan is required for any results above the quality indicator. An annual internal audit schedule including environmental, support services and clinical audits was sighted for the service. Audits had been completed as per schedule and where the result was less than expected corrective action plans had been developed and re-audits completed. Quality and risk data, including trends and benchmarked results are discussed in two monthly full staff meetings. Corrective actions are implemented when service shortfalls are identified and signed off when completed. There are fortnightly head of department meetings, health and safety committee meetings, infection control committee meetings and RN weekly clinical review meetings. Staff interviewed confirmed they are required to read and sign meeting minutes.</p> <p>Annual surveys are completed with feedback analysed and corrective actions plan developed for areas identified for improvement. Resident meeting minutes evidence discussion around survey results and action plans.</p> <p>The health and safety committee are representatives from each service area. The health and safety representative interviewed has completed transition training to the new legislation. The service holds the tertiary level of the ACC workplace safer management practices accreditation. All policies and procedures meet the health and safety requirements. There are national health and safety goals. Staff interviewed state they have the opportunity to provide input at the health and safety committee meetings. Hazard management is discussed and there is a current hazard register in place. Falls prevention strategies are managed on an individual basis and minimised.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident, with the immediate action noted and any follow-up action(s) required. Eight accident/incident forms for the month of February 2018 were reviewed. Each event involving a resident reflected an initial clinical assessment by a registered nurse and follow-up action and corrective actions implemented and signed off. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends.</p> <p>Discussions with the care home manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Appropriate notification was made around the outbreak in August 2017.</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. Eight staff files reviewed (one clinical manager, two registered nurses, one diversional therapist, one kitchen manager, one maintenance/health and safety and two caregivers) 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.</p> <p>The service has a comprehensive 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. All staff attend a three-day generic orientation programme at another Bupa facility nearby, then continue in their work area at Ballarat. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their level two-unit standards. A senior caregiver is the on-site Careerforce assessor. All staff have either completed or are in progress of completing Careerforce qualifications with 22 staff at level three, three with level four and 28 of 34 caregivers with dementia unit modules.</p> <p>Sixteen caregivers work in the dementia unit. Fifteen of the 16 caregivers have completed dementia unit modules. One caregiver employed six months, has commenced the dementia unit modules.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. The service has implemented three-hour sessions that covers the mandatory requirements for health and safety (fire, emergency management, falls management, safe manual handling) and infection control. The sessions are repeated so that all staff can attend. There has been 90% attendance at the sessions for 2018. Each education session has a teaching resource available on the intranet, which staff complete if they are unable to attend. Education and training for clinical staff is linked to external education provided by the district health board. Registered nurses are encouraged to</p>

		complete their PDRP (professional development recognition programme). Specific competencies are included according to the role such as medications, wound management, cardiopulmonary resuscitation and syringe driver for RNs. Eight of twelve registered nurses are interRAI trained.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The staffing levels meet contractual requirements. The 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. Staffing levels are as follows:</p> <p>Loburn (25 dual-purpose beds): morning shift - one RN, two caregivers on full shift, two half shifts and one 7.00 am to 11.00 am; afternoon shift – one RN, two caregivers on full afternoon and one until 9.00 pm.</p> <p>Sefton (25 dual-purpose beds) and Ashley (10 bed rest home unit): one RN, two caregivers on full shift, two half shifts and one 7.00 am to 11.00 am; afternoon shift – one RN, two caregivers on full afternoon and one until 9.00 pm.</p> <p>Fernside dementia care unit (20 beds); one RN morning and afternoon shifts; two full morning shift caregivers and one 7.00 am to 11.00 am. There is one full shift afternoon caregiver.</p> <p>On night shift there is one RN based in Loburn covering the four units with three night caregivers with one based in Fernside, Loburn and Sefton/Ashley.</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>	FA	<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.</p> <p>Residents' files demonstrate 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>	FA	<p>There is a comprehensive admission policy. All residents have a needs assessment completed prior to entry that identifies the level of care required. An information pack including all relevant aspects of the</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>service, advocacy and health and disability information is given to residents/families/whānau at entry. There is also specific information for relatives in relation to the dementia unit. 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.</p> <p>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>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. All appropriate documentation and communication was 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>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Eighteen electronic medication charts were reviewed (ten hospital-including one YPD, four dementia, and four rest home). All medication charts sampled met prescribing requirements. The medication charts reviewed identified that the GP had reviewed all resident's medication charts three monthly. Each drug chart has a photo identification of the resident. However, allergies or nil known allergies were not always recorded on the medication chart.</p> <p>Standard orders did not meet legislative guidelines. Expired standing orders had continued to be used during time periods where dates were not current.</p> <p>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. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and blister packs for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in each of the three medication rooms. There is a trolley for each area and these contained undated or expired eyedrops. Controlled drugs documentation did not meet requirements.</p> <p>There were three rest home residents self-medicating. The policy for self-medicating residents requires</p>

		<p>three monthly reviews, however this was not evidenced for all current self-medicating residents.</p> <p>The medication fridge temperatures are recorded regularly and these are within acceptable ranges.</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>Bupa Ballarat employs a kitchen manager to oversee the on-site kitchen adjacent to the hospital and dementia unit dining room. There is a food services manual in place to guide staff. Meals are served from bain maries by caregivers and kitchen staff. There is a seasonal four-week winter and summer 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 nursing staff. This document is reviewed at least six monthly as part of the care plan review. 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. Supplements are provided to residents with identified weight loss issues. There are additional nutritious snacks available over 24 hours.</p> <p>Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food.</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 reason for declining service entry to residents should this occur, is communicated to the resident or family/whānau and they are referred to the original referral agent for further information.</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>InterRAI assessments had been completed for all files reviewed within timeframes and areas triggered were addressed in care plans sampled. Ballarat also uses the Bupa assessment booklets and person-centred templates for all residents. The assessment booklet includes; falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), dependency and activities and culture. 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>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>In all nine files sampled, the assessments completed on admission had been used to plan care for the resident. Care plans sampled were comprehensive, showed attention to detail, and were integrated with other allied health services involved in resident care. Relatives and residents interviewed all felt they were involved in the planning of resident care. In all nine files sampled, there was evidence of resident and relative involvement in care planning.</p> <p>Care plans reviewed provided evidence of individualised support. Short-term care plans are in use for short-term needs and changes in health status.</p> <p>The one YPD file reviewed was resident-centred, including interventions to support ADLs and medical needs. The care plan also identified specific goals around activities and community involvement. Resident-centred goals were reviewed at the multi-disciplinary review (MDR) meetings with the residents.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>The registered nurses complete care plans for residents. Progress notes in all nine files sampled 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 documented, and plans reviewed included sufficient detail to guide care staff in the provision of care. A physiotherapist is employed to assess and assist resident's mobility and transfer needs.</p> <p>There was evidence of wound nurse specialist involvement in chronic wounds/pressure areas. In the rest home and hospital areas, there were five chronic ulcers (four venous and one diabetic), five skin tears, two skin lesions, and one grade two pressure injury. There were no wounds in the dementia unit at time of audit. All wounds had wound assessments, plans and ongoing evaluations completed. Documentation shortfalls have been identified around weight monitoring.</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 not limited to), vital signs, blood glucose, pain, food and fluid, turning charts 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.</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 activities staff at Bupa Ballarat provide an activities programme encompassing all areas scheduled across seven days. There is one programme for the rest home and hospital and residents attend the activity they wish to attend. A separate programme is provided in the dementia unit and residents from the dementia unit also join (under supervision) concerts and events with the other residents. A monthly activities calendar and newsletter is distributed to residents and is posted on noticeboards. Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that were appropriate to their cognitive and physical capabilities. The service has a van which is used for resident outings. Trips to the community have included (but not limited to) visits to other facilities for competitions, games and "pie and pint" outings for the men. Activities include pet visits, happy hour, craft, word games, baking and bowls. Activities for younger people include movie and coffee outings, walks and one-on-one talks.</p> <p>The diversional therapist is involved in the admission process, completing the initial activities assessment and has input with the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. An activities plan is completed within timeframes, a monthly record of attendance to activities is maintained and evaluations are completed six-monthly. All residents who do not participate regularly in the group activities are visited by a member of the activity staff with records kept ensuring all such residents are included. All interactions observed on the day of the audit indicated a friendly relationship between residents and activity staff.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via three monthly meetings and surveys. The organisation has an occupational therapist that oversees the activity programme, is available for activity staff to discuss recreational programmes and provides education for activity staff twice a year. The residents are maintaining links with the community and continuing activities they participated in, outside of the facility.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans were reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status, in seven of nine files sampled. One dementia level resident and one hospital level resident had been in the facility for less than six months. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities coordinator and any other relevant person involved in the care of the resident. Family members are invited to attend the MDT review. The house GP examines his residents and reviews the medications three monthly. Short-term care plans are in use for acute and short-term issues. These are evaluated at regular evaluations. Wound care charts were evaluated in a timely manner. Care plans are updated when needs change.</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 Ballarat 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 GPs. 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.</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>	FA	<p>The building holds a current building warrant of fitness, which expires on 10 December 2018. 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 on 19 January 2018. 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</p>

		available, management provide this in a timely manner.
<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	All rest home bedrooms in the Ashley rest home wing have individual full ensuites. The dual-purpose wings (Loburn and Sefton) have a mixture of individual and shared ensuites in bedrooms. The Fernside dementia care unit bedrooms are mostly shared ensuites 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>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>	FA	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>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	Communal areas within the facility include a pen plan lounge and dining area in each 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>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</p>	FA	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 were kept in designated locked cupboards when not in use. Residents and family interviewed report satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes.

is being provided.		
<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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 26 June 2014. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation attendance documentation was sighted. 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, water, backup battery power and gas barbeque. There is an arrangement with a local hire centre to provide a generator on request. Emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms, toilets and showers and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The facility is secure after hours with security lighting and security patrols at night.</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 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) and two RNs are 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. The infection control programme is well established at Ballarat.</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.</p>
<p>Standard 3.2: Implementing the infection control programme</p>	FA	<p>There are adequate resources to implement the infection control programme at Ballarat. The infection control (IC) coordinator and RNs have maintained best practice by attending infection control updates through an external consultant and on-line MOH course. The infection control committee meet monthly</p>

<p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>prior to the RN meeting and have input from the RNs.</p> <p>External resources and support are available through the Bupa quality & risk team, external specialists, microbiologist and DHB when required.</p>
<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>	<p>FA</p>	<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.</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>	<p>FA</p>	<p>The infection control coordinator completed an organisational two-day orientation to the role. 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 cares.</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>	<p>FA</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 has been one confirmed norovirus outbreak in August 2017. HealthCERT and public health were notified with ongoing correspondence during the outbreak period.</p>

		Case logs and outbreak documentation was sighted.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The clinical manager is the restraint coordinator. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, and through quarterly teleconference with Bupa restraint coordinators. Staff receive education on restraint, dementia and challenging behaviours. There were no residents using enablers or restraint on the day of audit.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>The registered nurses in the hospital and senior healthcare assistants in the rest home are responsible for the safe administration of medication. All charts reviewed had current photograph identification. Sixteen of eighteen resident medication records had allergies or nil known allergies documented. Standing orders were in use and included issue dates, however not all orders were reviewed as required. Medication in storage complied with expiry dates, however not all eye drops in current use were either dated on opening or had current expiry dates. The controlled drug register is maintained for all residents using controlled medications, however not all weekly stocktakes were completed.</p>	<p>a) The standing order review dates evidenced a gap between the expired date and the review dates of up to six weeks. Standing order medications were administered during this time.</p> <p>b) Two charts (one dementia, one hospital) did</p>	<p>a) Ensure all standing orders in use comply with contractual and legal requirements.</p> <p>b) Ensure all medication charts document resident allergies.</p> <p>c) Ensure all eyedrops in</p>

			<p>not evidence identification of allergies.</p> <p>c) Four eyedrops in use (dual purpose wing) either did not document an opening date, or were still in use past the expiry date.</p> <p>d) Weekly stocktakes of controlled drugs were not completed (dual-purpose wing).</p>	<p>use document the opening date and are discarded as per legislative requirements.</p> <p>d) Ensure weekly stocktakes of controlled drug medication occur as per legislative requirements.</p> <p>60 days</p>
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	PA Low	Residents who self-administer medication are required to complete a competency review every three months. Two of the three rest home residents self-medicating had not had a three-monthly review of self-medication competency.	Self-medicating reviews had not been completed as required for two residents.	<p>Ensure self-medicating residents are reviewed three monthly as per policy.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed</p>	PA Low	Dietitian referrals were evidenced, and short-term and long-term care plans demonstrate dietary needs are documented and implemented. Documentation shortfalls have been identified around weight monitoring.	Weekly monitoring of weight has not been undertaken for one rest home resident as requested by the	Ensure weight monitoring as per dietitian instructions are planned and

needs, and desired outcomes.			dietitian.	completed as instructed. 60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.