Bupa Care Services NZ Limited - Wattle Downs Care Home

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by 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:	Wattle Downs Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 June 2018 End date: 20 June 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:	50

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

Bupa Wattle Downs provides rest home and hospital level care for up to 60 residents. During the audit there were 50 residents.

This surveillance 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 resident's and staff files, observations and interviews with residents, relatives, staff and management.

Feedback from residents and relatives was positive about the care and services provided. An induction and in-service training programme is provided. The care home manager is appropriately qualified and experienced and is supported by an acting clinical manager (registered nurse).

One of the two shortfalls identified at the previous audit have been addressed. This was around call bells. A further improvement continues to be required around care plan interventions.

This audit has identified a further two areas requiring improvement including wound documentation/neurological observations and medication 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.

Regular contact is maintained with families, including if a resident is involved in an incident or has a change in their current health. Relative and resident meetings are held regularly. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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.

Bupa Wattle Downs Care Home has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility is benchmarked against other Bupa facilities. Incidents documented demonstrated immediate follow-up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Residents' records reviewed provide 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. Residents' files include three monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines complete education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner (GP).

An integrated activities programme is implemented that meets the needs of aged care residents. The programme includes community visitors and outings, entertainment and activities.

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

Safe and appropriate environment

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.

The building has a current certificate of public use. The call bell system is now at an appropriate volume.

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.

There is a Bupa restraint policy that includes the definitions of restraint and enablers. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, there were five residents requiring the use of six restraints and three residents requiring the use of an enabler. Enabler resident files reviewed included an assessment and consent for use of an enabler. Restraint minimisation and enabler education has been completed.

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 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.

The infection control surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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	15	0	0	3	0	0
Criteria	0	42	0	0	3	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints procedure to guide practice. The complaints procedure is provided to resident/relatives at entry and also around the facility on noticeboards. Discussion with residents and family member confirmed they were provided with information on the complaint process. Complaint forms were visible for residents/relatives in various places around the facility. The care home manager has overall responsibility for managing the complaints process at Wattle Downs Care Home. A record of all complaints per month had been recorded on the register. The register included relevant information regarding the complaint including date of resolution. There have been three complaints made in 2017 and there have been no complaints received in 2018 year-to-date. All the complaints reviewed were investigated and any corrective actions required have been followed up and implemented. Complaints are reported to head office monthly.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an	FA	Policies alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accidents and incidents are entered onto the on-line reporting tool, Riskman. Riskman has a section to indicate if family/whānau have been informed (or not) of an accident/incident. Fourteen accident/incident forms reviewed identified family are kept informed. Two family members (one hospital and one rest home) interviewed confirmed that they are notified of any changes in their family member's health status. Seven residents (five rest home and two hospital) interviewed, stated that they were welcomed on entry and were given time and explanation about the services and procedures. An interpreter policy and contact details of interpreters is available and used where

environment conducive to effective communication.		indicated.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Wattle Downs Care Home is a Bupa residential care facility. The care facility has a total of 60 dual-purpose beds, suitable for rest home and hospital (medical and geriatric) levels of care. The service is split into two wings; 30-bed Acacia wing on the ground floor and 30-bed Mahia wing on the first floor. During the audit there were 50 residents (31 rest home and 19 hospital). One hospital level resident was receiving respite care and one hospital level resident was on an ACC funded contract. All other residents were on the aged related residential care (ARRC) contract. A vision, mission statement and objectives are in place. Annual quality/health and safety goals for the facility have been determined and are regularly reviewed by the care home manager. A quarterly report is prepared by the care home manager and provided to the Bupa clinical service improvement team on the progress and actions that have been taken to achieve the Wattle Downs Care Home quality goals. Wattle Downs Care Home is implementing three goals in 2018, one national goal (health and safety) and two facility-specific (increasing occupancy and enhancing leadership within the staff). Progress to meeting these goals is reviewed at every quality meeting and a progress report documented quarterly. The care home manager is an experienced RN who has worked for Bupa for the past eight years and has been in this role since October 2015 (she is currently away on extended sick leave). There is a relieving care home manager from Erin Park that supports and visits Wattle Downs Care Home on a weekly basis (one full day a week). The care home manager is supported by a clinical manager who has worked in the role since March 2016 (she is currently away on maternity leave and is due back at the end of July 2018) and an operations manager. There is an acting clinical manager (unit coordinator) who has been in the position since October 2017 and has worked at Bupa for two years. She is also completing the clinical coordinator duties. The care home manager has maintained over eight hours annually of professional development activities related to the role.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management	FA	An established quality and risk management system is embedded into practice. Quality and risk data, including trends in data is discussed in monthly staff meetings. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Wattle Downs Care Home reports, analysis and consequent corrective actions were sighted. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. Quality and risk data is shared with staff via meetings and posting results in the staffroom. Policies and procedures and associated implementation systems provide a good level of assurance that the facility

system that reflects continuous quality improvement principles.		is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. There are resident/relative surveys conducted and analysed. The September 2017 resident/relative survey evidenced overall satisfaction of 96% with the service. Corrective actions were developed and completed in areas where quality improvements were identified, (i.e., around food service). Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the health and safety committee. The health and safety representative (acting clinical manager) was interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls.
Standard 1.2.4: Adverse Event Reporting 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.	FA	Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Fourteen accident/incident forms were reviewed for May 2018. Five of the fourteen incidents were for unwitnessed falls with potential head injury, however, there was no documented evidence of neurological observations being completed for three of the five unwitnessed falls (link 1.3.6.1). Data collected on incident and accident forms are linked to the quality management system. The relieving care home manager and acting clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications for any serious events (including coroner's inquests) since the last audit. Notifications have been completed for the care home manager and clinical manager role changes.
Standard 1.2.7: Human Resource Management Human resource management	FA	Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (one clinical manager, one acting clinical manager, one RN and two caregivers) all documented a recruitment process, signed employment contracts, job descriptions, appraisals and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained. The orientation programme provides new staff with relevant information for safe work practice. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The

processes are conducted in accordance with good employment practice and meet the requirements of legislation.		orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction. Registered nurses are supported to maintain their professional competency. Six RNs are employed and two have completed their interRAI training. Recent RN turnover has been high, however interRAI's were up to date from previous RN's. There is also a casual RN who is interRAI trained who comes in to assist specifically for InterRAI. There are implemented competencies for RNs including (but not limited to) medication administration, insulin administration, controlled drug administration, moving & handling, oxygen administration, restraint, wound management and syringe driver.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	A staff rationale and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements of the residents. The care home manager is currently away on extended sick leave and there is a relieving care home manager from Erin Park that visits Wattle Downs Care Home on a weekly basis. There is an acting clinical manager who works full time from Monday to Friday (the clinical manager is currently away on maternity leave). The relieving care home manager and acting clinical manager are available during weekdays and are on-call after hours with other RNs. Adequate RN cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers' support the unit coordinators and RNs. Staff interviewed advised that there are sufficient staff on duty at all times. The service is split into two wings, 30-bed Acacia wing on the ground floor and 30-bed Mahia wing on the first floor. In the Acacia wing there are 30 of 30 residents (24 rest home and six hospital residents). On the morning shift, there is one RN on duty on the morning and afternoon shifts. The RN from the Mahia wing covers the night shift. The RNs are supported by three caregivers on the morning shift, two on the afternoon shift and two caregivers on the night shift. In the Mahia wing there are 20 of 30 residents (seven rest home and 13 hospital residents). There is one RN on duty on the morning and afternoon shifts and one on the night shift. The RNs are supported by four caregivers on the morning shift, three on the afternoon shift and one caregiver on the night shift. Residents and family members interviewed reported that there are adequate staff numbers to attend to residents.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with	PA Moderate	There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. A RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. The medication rooms on both floors are clean and well organised. The medication fridges have temperatures recorded daily and these are within acceptable ranges. Eye drops were not always dated or discarded when expired. Registered nurses and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. The service uses an electronic medication

current legislative requirements and safe practice guidelines.		management system. Staff were observed to be safely administering medications. Registered nurses and care staff interviewed could describe their role regarding medicine administration. Nine electronic medication charts were reviewed (four hospital and five rest home) and one paper-based medication record (for the respite resident). Photo identification and allergy status were on all electronic medication charts and one paper medication chart. All long-term residents' electronic medication charts had been reviewed by the GP at least three monthly. All resident electronic medication administration-signing sheets corresponded with the medication chart. There were no residents self-administering medication at the time of audit. Vaccines are not stored at Wattledowns.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The kitchen manager oversees the food services and is supported by kitchen staff on duty each day. The national menus have been audited and approved by an external dietitian. There is a verified food control plan. The main meal is at lunchtime. Residents were observed eating hot and well-presented meals at lunch time with sufficient staff to assist those that required assistance. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in a bain marie to each kitchenette where they are served. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated. End-cooked food temperatures are recorded on each meal daily. Serving temperatures from the bain marie are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Food services staff have completed food safety education, infection control and chemical safety. Residents and relatives interviewed spoke positively about the food service.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate	Two of five resident care plans sampled had interventions documented for all identified needs as determined by the assessment process. This previously identified shortfall continues to require addressing. The respite resident had a short-stay care plan that documented interventions for all identified needs. This is an improvement from previous audit. Residents and family members interviewed confirmed they are involved in the development and review of care plans.

Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Moderate	Residents and families interviewed reported their needs were being met. 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. Comprehensive wound assessment, wound management and evaluation forms and short-term care plans were not in place for each of the 31 current wounds. Not all wound management plans included assessments, progress notes and evaluations at each dressing change. Residents with wounds also had short-term care plans in place that linked to wound management plans. The five current pressure injuries each had a short-term care plan or interventions documented in the long-term care plan, except the use of equipment for one resident (link 1.3.5.2). The registered nurses interviewed described access to the wound nurse specialist, although this was not required for any current wounds. Monitoring charts were in use; examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts, half-hourly checks and behaviour monitoring as required. Neurological observations had not always been completed when required.
Standard 1.3.7: Planned Activities 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.	FA	The activities team is led by an experienced activities coordinator with ten years' experience, including four years at another Bupa facility. The activities coordinator works 35 hours per week and is supported by two activities coordinators that each work 28 hours per week and three volunteers. Each of the volunteers has had an appropriate orientation. The activity programme is delivered over seven days per week. The integrated programme for rest home and hospital level of care residents takes place in both areas. Residents can attend activities on either floor and staff assist to transport residents to and from each floor when required. There are resources available for care staff to use for one-on-one time with the residents. The facility has a van with wheelchair access to facilitate resident outings. The residents reported that they attended arts and crafts, church services, happy hour, housie, movies, the exercise programme, gardening club, quizzes and bowling. Residents interviewed enjoy going to the library, shopping and regular trips to the local RSA and Cosmopolitan Club in the community. The Manakau Youth orchestra visits the facility to entertain the residents and there are links with local intermediate and preschools, On or soon after admission, a social history is taken and information from this is fed into the care plan and this is reviewed six monthly as part of the care plan review/evaluation and a record is kept of individual residents' activities. There are recreational progress notes in the resident's file that the activity staff complete for each resident every month. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family and interests. The individual activity plan is incorporated into the long-term care plan and is reviewed at the same time as the care plan in all resident files reviewed.

		Families and residents praised the activity programme. Residents were observed to be provided with and enjoying a wide range of activities.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	The three care plans reviewed for residents that had been at the service for longer than six months (one hospital resident had not been at the service for six months and another was on respite care), had been evaluated by registered nurses' six monthly. There was a comprehensive multi-disciplinary review documented in each of these files. The multidisciplinary review involves the RN, GP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. There is at least a 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. Written evaluations describe the resident's progress against the residents identified goals. InterRAI assessments have been utilised in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The facility has a current building warrant of fitness, which expires 8 December 2018. Electrical and medical equipment have been checked as required. There is a Bupa 52-week planned maintenance schedule for the site and a process in place for reactive maintenance. Hot water temperatures have been monitored and maintained within expected levels. The corridors and rails 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. The external areas and gardens are well maintained. Resident rooms are large enough to allow use of required equipment.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security	FA	There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells near. The call bell system has been adjusted to a more appropriate volume than previously. This is an improvement since the previous audit. Relatives, residents and staff interviewed on the day of the audit stated that the emergency call bell alarm system has not caused any disruption to the residents sleeping at night. The previous certification finding around emergency call bell alarm activations has now been closed.

situations.		
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.	FA	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality and staff meetings. Benchmarking occurs against other Bupa facilities and quality indicator corrective action plans are completed when the service exceeds the benchmark. Those sighted had been implemented and closed off. A possible scabies outbreak was appropriately managed.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit there were five residents requiring the use of six restraints (three bed rails and three lap belts) and three residents requiring the use of an enabler (all bed rails). Three enabler resident files reviewed included an assessment and consent for use of an enabler. Restraint minimisation and enabler education have been completed (August 2017).

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.12.1 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.	PA Moderate	Medication is stored in a clean and organised treatment room on each floor. All medications are stored safely, but eye drops were not dated or discarded when expired. Medication fridge temperatures in each treatment room have the temperature monitored daily.	Eleven eye drops in use had not been dated when they were opened and one that been dated, had not been discarded when it expired.	Ensure that all eye drops are dated when opened and that they are returned to the pharmacy when expired. 30 days

Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Moderate	Two care plans from the rest home, and three from the hospital were reviewed for this audit. Two of three hospital files had in-depth care plans that included all the assessed needs. Two rest home and one hospital care plans reviewed did not address all the residents' assessed needs.	Three of five care plans sampled did not document interventions for all identified needs: Resident 1 (rest home): Resident identifies as Māori, but this was not addressed in the care plan. Resident 2 (rest home): The care plan had not been updated when half-hourly monitoring was no longer required. Resident 3 (hospital): The use of pressure reducing equipment and nutritional needs were not identified in the care plan.	Ensure that care plans reflect the resident's current needs. 60 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Moderate	Short-term care plans for residents with wounds are kept with the LTCP's and linked to the wound care documentation. The service has a suite of wound templates for assessment, management plans and evaluation. However, the wound documentation had not been fully completed for 13 wounds reviewed. Monitoring forms sighted were well completed for all monitoring except neurological observations.	(i) (a) Eight current wounds did not have a full and complete assessment documented. (b) Three skin tears for one resident, and two pressure injuries for another, did not have a separate assessment, management plan and evaluation for each wound. (ii) Three of five falls with a potential knock to the head did not have neurological observations completed as per policy.	(i) (a & b) Ensure every wound has an individual and fully completed wound assessment, management plan and evaluation. (ii) Ensure neurological observations are completed whenever there is a potential knock to the head. 90 days

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, these 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.