

# Bupa Care Services NZ Limited - Eventhorpe Rest Home & Hospital

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## 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Eventhorpe Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 11 March 2020 End date: 12 March 2020
<b>Proposed changes to current services (if any):</b>	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	83

# Executive summary of the audit

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## 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 Eventhorpe Rest Home and Hospital are part of the Bupa aged care residential group. The service provides rest home and hospital level of care for up to 90 residents. On the day of the audit there were 83 residents.

This unannounced surveillance audit was conducted against a subset of the 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 residents and staff files, observations and interviews with residents, family, management and staff.

The care home manager, a registered nurse has been in the role for a year having previously been the clinical manager at the service. He is supported by a clinical manager. The management team is supported by a regional operations manager.

The service has an established quality and risk management system. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided.

Two of two shortfalls identified as part of the previous audit have been addressed. These were around; training for staff and care plan interventions.

This audit has identified one area requiring improvement around medications 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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The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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There is a business plan with goals for the service that has been regularly reviewed. Eventhorpe Rest Home and Hospital has a fully implemented, robust, quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## 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. Resident files included medical notes by the contracted GP and visiting allied health professionals.

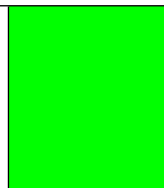
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts are reviewed at least three monthly by the general practitioner.

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 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.

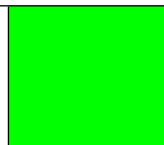


Standards applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade.

## 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.

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 there were twelve residents using restraints and six residents using enablers. Restraint management processes are being implemented.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities. There have been no outbreaks.

## 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)
<b>Standards</b>	0	15	0	0	1	0	0
<b>Criteria</b>	0	40	0	0	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints (five caregivers, one registered nurse, two activity staff, one maintenance person, one chef and a housekeeper).</p> <p>There is an electronic complaint register. The service records all issues raised on the complaints register including verbal written and concerns. All registered complaints/concerns documented a review or investigation and follow-up with the complainant within set timeframes. There were nine concerns/complaints for 2019 and one year to date for 2020.</p> <p>One HDC complaint from 2016 was still open at the time of the audit.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>Two hospital family members and five residents (three hospital level and two rest home) interviewed, stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file.</p> <p>Incidents and accidents are recorded electronically using the RiskMan database. Ten incident/accident forms selected for review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</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>Eventhorpe is part of the Bupa group of aged care facilities. The care facility has a total of 90 beds, all suitable for rest home and hospital levels of care. Hospital level of care is certified for medical. During the audit there were 83 residents (38 rest home and 45 hospital). The hospital residents included: four funded through the young person with a disability (YPD) contract, one funded through ACC and one respite resident. The rest home residents included; one respite and one funded through the long-term support chronic health conditions (LTS-CHC) contract. All beds are dual-purpose.</p> <p>Bupa's overall vision and values are displayed in a visible location. All staff are made aware of the vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan. There are documented quality/health and safety goals that are reviewed monthly and signed off when achieved.</p> <p>The facility manager is a registered nurse. He has worked for Bupa as a unit coordinator and a clinical manager and has been the care home manager for a year. He is supported by a clinical manager/RN who has also been in the role for a year.</p> <p>The facility manager has maintained over eight hours annually of professional development activities related to managing an aged care service. Managers and clinical managers attend annual organisational forums and regional forums six-monthly.</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</p>	<p>FA</p>	<p>Bupa Eventhorpe continues to implement the Bupa quality and risk programme.</p> <p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff confirmed they are made aware of any new/reviewed policies. The service is in the process of finalising the 2020 quality goals following discussion with staff. A reduction in skin tears was not fully achieved last year and will carry on to 2020 along with pressure injury reduction. The 2019 goals of; reducing medicine errors, reducing urinary tract infections and reducing falls were all achieved. Quality initiatives such as music therapy for residents and staff continues to produce positive results for staff and residents.</p> <p>The service holds a series of meetings to ensure communication of quality data and other clinical and non-clinical</p>

<p>system that reflects continuous quality improvement principles.</p>		<p>topics. Meetings included quarterly staff meetings, monthly quality meetings, and monthly quality and qualified staff meetings. Meetings minutes sighted evidenced there is discussion around quality data including complaints, compliments, health and safety, accident/incident, infection control, internal audits and survey results. The staff interviewed were aware of quality data results, trends and corrective actions.</p> <p>There is a robust internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. Additional audits are documented to follow up where results have been less than expected. Corrective actions are developed, implemented and signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The manager is responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>Falls management strategies include assessments after falls and individualised strategies. The service has detailed emergency plans covering all types of emergency situations and staff receive ongoing training around this.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an accident and incident reporting policy. Adverse events are investigated by the care home manager and clinical manager, this was evidenced in all thirteen accident/incident forms reviewed using the RiskMan electronic database. Adverse events are trended and analysed with results communicated to staff.</p> <p>All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The next of kin had been notified for all required incidents/accidents. The caregivers interviewed could discuss the incident reporting process.</p> <p>Discussion with the care home manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided (two pressure injuries).</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	<p>FA</p>	<p>There are human resource management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Five staff files reviewed (three caregivers, and two RNs), evidenced that reference checks are completed before employment is offered. Also sighted were signed</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>employment agreements and signed job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. Since the previous audit, the service has changed the process for staff education. Education is offered as block days where staff are rostered and paid to attend, this has improved attendance and is an improvement from the previous audit.</p> <p>Assisting residents with their meals is only undertaken by care staff who have attended training, this is an improvement from the previous audit.</p> <p>Seven of thirteen RNs have completed their interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place. The care home manager and clinical manager are registered nurses and are employed full time (Monday – Friday).</p> <p>The care floor is staffed as three units and are staffed as follows;</p> <p>Rest home ward (occupancy rest home 32): AM shift: one RN (three days a week) or EN and three full shift caregivers. PM shift: three full shift caregivers (including a senior caregiver) and one caregiver on nights.</p> <p>Hospital wards one and three: (occupancy 28 hospital and three rest home): One RN for each of the AM, PM and night shifts. Caregivers: AM: five long shifts. PM: four long shifts and two caregivers on nights (also covering ward two).</p> <p>Hospital ward two: (occupancy 17 hospital and three rest home): One RN covers each of the AM, PM and night shifts. Caregivers: AM: four long shifts ; PM three long shifts.</p> <p>Activities staff are rostered seven days a week. Separate cleaning and laundry staff are rostered.</p> <p>Residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, enrolled nurse and senior caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications in the hospital and rest home wings. Registered nurses and caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in each of the facility medication rooms. The medication fridges are monitored daily, and the temperatures were within acceptable ranges medication room temperature are not monitored. There were residents self-medicating on the day of audit.</p>

<p>requirements and safe practice guidelines.</p>		<p>Standing orders are not used.</p> <p>Eleven electronic medication charts and one paper-based (respite resident) were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly. Each drug chart has a photo identification and allergy status identified. The paper-based (respite resident) chart had administration signing gaps for regular medication and one resident who was receiving 'as needed' oxygen therapy did not have this prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Bupa Eventhorpe employs a chef manager to oversee the on-site kitchen adjacent to the rest home dining room. Meals are served from the kitchen bain maries directly to the rest home and hospital residents on warmed plates. There is a seasonal four-week winter and summer menu (main meal at night with light lunch), which is reviewed by a dietitian at organisational level. A resident nutritional profile is developed for each resident on admission and this is provided to the kitchen staff by registered nurses. The kitchen is able to meet the needs of residents who require special diets and the chef works closely with the registered nurses on duty. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan that expires 22 September 2020. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller and freezers. Resident meetings, surveys and the food comments book 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 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The registered nurses complete care plans for residents. Progress notes in all files reviewed had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. Short-term care plans are documented for changes in health status. Care plans reviewed documented sufficient detail to guide care staff in the provision of care.</p> <p>Dietitian input to care, and care interventions for weight loss were documented in two resident files, including one with a PEG feed. All staff who provide mealtime assistance are trained in this role. Resident mealtime assistance and specialist input to care, including weight management is an improvement from the previous audit. Care interventions were documented comprehensively for all five resident files plus the additional file reviewed (for weight management). The younger resident files all included interventions to encourage and support community links and independence, where possible.</p> <p>There was evidence of wound nurse specialist involvement in chronic wounds/pressure injuries.</p>

		<p>At the time of audit, there were eight pressure injuries logged for the service (four grade two and four grade one). The service has an action plan around pressure injury prevention, and training has been provided around skin care, pressure injury prevention and pressure injury care. All wounds had wound assessments, management plans and ongoing evaluations completed. Wound care training had been provided and staff who attended to wounds had completed training, this is an improvement from the previous audit.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Monitoring charts sighted included (but are not limited to), vital signs, blood glucose, pain, food and fluid, turning charts, neurological observations, bowel monitoring and behaviour monitoring.</p> <p>Family members interviewed stated they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. There was documented evidence of relative contact for any changes to resident health status on the family/whānau contact form held in the residents' files.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs a diversional therapist (DT) to oversee a team of four activity assistants who implement the activity programme over seven days a week. There are set Bupa activities including themes and events. A monthly activities calendar and newsletter is distributed to residents and is posted on noticeboards as well as daily activities posted onto noticeboards. Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. Music therapy has proven to be beneficial for the group of residents attending the weekly sessions. The service has recently implemented meditation therapy. Resident feedback was positive around the meditation therapy and the activities has begun to report more settled behaviour for some residents as a result of the therapy.</p> <p>The younger people at the service have a range of activities. This includes crafts, outing, family outings, meditation group and beauty afternoons. One younger person interviewed reported satisfaction with the activities.</p> <p>The service has a van which is used for resident outings. There are two outings a week into the community and places of interest. Community visitors include entertainers, church services, pre-schoolers, youth group, RSA and pet therapy visits.</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 is maintained, and evaluations are completed six-monthly.</p>

		Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Residents are reassessed using the interRAI process at least six-monthly or if there has been a significant change in their health status. Long-term care plans are then evaluated and rewritten. There was documented evidence that care plan evaluations were current in resident files sampled. The files sampled documented that the GP had reviewed residents three-monthly (for those that had been at the service longer than three months) or when requested if issues arise or their health status changes. The registered nurse interviewed explained the communication process with the GP. Short-term care plans were evident for the care and treatment of residents and had been evaluated and closed or transferred to the long-term care plan if required.
<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 1 December 2020. A request book for repairs is maintained and signed off as repairs are completed. There is a full-time and part-time maintenance officer who carries out the 52-week planned maintenance programme. The checking and calibration of medical equipment including hoists, has been completed annually. All electrical equipment has been tested and tagged. Hot water temperatures have been tested (randomly) and recorded fortnightly with corrective actions for temperatures outside of the acceptable range.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids, where required. There is outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. The external areas are landscaped. There is a designated resident smoking area.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment required to provide the care documented in the care plans.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data including trends, analysis and corrective actions/quality are discussed at staff and clinical meetings.</p> <p>Infections are entered into the electronic database for benchmarking. Corrective actions are established where</p>

<p>been specified in the infection control programme.</p>		<p>trends are identified.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were twelve residents using restraints and six residents using bedrails as enablers.</p> <p>A registered nurse is the restraint coordinator. Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on RMSP/enablers has been provided. Restraint is discussed as part of staff meetings and in separate, monthly restraint meetings.</p> <p>One file of a resident using an enabler and with a restraint reflected evidence of an assessment, consent process and six-monthly reviews. The enabler and the restraint were linked to each of the residents' care plan.</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</p> <p>Moderate</p>	<p>The Bupa medication policy and process are documented and available to staff. All staff giving medication have an annual medication competency documented. Two medication rounds observed demonstrated correct practice. Medication rooms were secure, clean and well maintained. Medication room temperatures were not monitored, and not all medication was correctly prescribed and not all signed for on administration.</p>	<p>(i). The service has not yet implemented monitoring medication room temperatures.</p> <p>(ii). Not all medication was signed as given for the respite resident's paper-based</p>	<p>(i). Implement the process of monitoring medication room temperatures.</p> <p>(ii). Ensure all prescribed medication is signed for when administered.</p> <p>(iii). Ensure that all</p>

			<p>chart.</p> <p>(iii). One resident receiving 'as needed' oxygen did not have this prescribed.</p>	<p>medication administered is prescribed.</p> <p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.