

Bupa Care Services NZ Limited - Erin Park Rest Home & Hospital

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:	Erin Park Rest Home & Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 5 March 2018 End date: 6 March 2018
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	99



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

Erin Park is a Bupa facility that provides rest home and hospital (geriatric and medical), residential disability services (intellectual and physical) levels of care for up to 115 residents and on the day of the audit there were 99 residents. The service is managed by an acting manager, who is a registered nurse (RN) and qualified and experienced for the role. The manager is supported by a clinical manager/RN. Residents and the GP interviewed spoke positively about the service provided.

This unannounced surveillance audit was conducted against a sub-set of 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 residents and staff files, observations, and interviews with residents, family, management, staff and general practitioner.

The service has addressed the shortfall from the previous certification audit around interRAI assessments. This audit identified improvements required around age appropriate activities for younger residents, meetings, and post-fall neurological observations.

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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Policies are implemented to support residents' rights, communication and complaints management. Complaints and concerns have been managed appropriately 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.		Some standards applicable to this service partially attained and of low risk.
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The acting manager is supported by a clinical manager, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. A comprehensive education and training programme is implemented with a current plan in place.

Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support.

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 low risk.
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The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrate service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and senior caregivers are responsible for the administration of medicines and complete education and medication competencies. Medication charts are reviewed three monthly by the GP.

The activities coordinator and her assistants implement the activity programme. There are regular outings, and celebrations.

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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A current building warrant of fitness is posted in a visible location.

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 there were no residents using either restraints or enablers. Restraint management processes are available if restraint is used.

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.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. 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	13	0	3	0	0	0
Criteria	0	36	0	3	0	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 1.1.13: 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.</p> <p>There is a complaint's register. Five complaints have been lodged for 2018 (YTD). All complaints had a noted investigation, timelines determined by HDC were met, and corrective actions (where indicated) were actioned and signed off as being implemented.</p> <p>A DHB complaint for 2018 has an action plan in place that covers all aspects of the complaint. Ongoing updates and evaluation of progress against the action plan are documented, education has been provided to ensure staff learning takes place.</p> <p>Complaints are linked to the quality and risk management system and logged through an electronic system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
Standard 1.1.9:	FA	Eleven residents interviewed (three rest home, three hospital and four younger people with disability (YPD)) stated they were welcomed on entry and were given time and explanation about the services and

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs.</p> <p>A record of family communication is held in the front of each resident's file. Eight incidents/accidents forms selected for review indicated that family were informed. Four families interviewed (three hospital, one rest home) confirmed they have been 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>Erin Park is part of the Bupa group of aged care facilities. The care facility has a total of 115 beds suitable for rest home, hospital (geriatric and medical) and residential disability (intellectual and physical) levels of care. On the day of audit there were 99 residents. The upstairs rest home, has 51 beds including six dual-service beds, there were 47 rest home residents (including two YPD residents and one under a long-term chronic condition's contract). The downstairs hospital, has 64 beds with 52 residents (including seven YPD residents and one respite).</p> <p>Bupa's overall vision and values are displayed in a visible location. The service provides a person-centred approach to care and support. 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 service is currently recruiting for a home manager, the operations manager (an experienced RN and home manager) is undertaking this role. Notifications to the relevant authorities have been sent regarding the home management. The manager (operations manager) is supported by a new clinical manager/RN. The new clinical manager was previously a unit manager at the home and is supported by a Bupa clinical nurse specialist whilst he is orientated to the role.</p> <p>The acting care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles with the clinical manager completing a clinical manager specific orientation at the time of report.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk</p>	<p>PA Low</p>	<p>A quality and risk management programme is documented. Interviews with the acting care home manager, clinical manager and seven staff (three caregivers, one staff RN, one cook, one diversional therapist, and one activities coordinator) confirmed their understanding of the quality and risk management systems.</p> <p>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 - including those standards</p>

<p>management system that reflects continuous quality improvement principles.</p>		<p>relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures include reference to interRAI for an aged care service and meet current health and safety legislative requirements. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by a member of the Bupa quality & risks team. Areas of non-compliance include the initiation of corrective actions with sign-off by the care home manager when implemented. Data collected (eg, falls, medication errors, wounds, skin tears, pressure injuries, complaints, challenging behaviours) are collated and analysed. Meeting minutes have not been held regularly in 2017.</p> <p>Staff undergo annual health and safety training which begins during their orientation. All staff are provided with information about their responsibility under the Health Safety at Work Act 2015. Health and safety meetings have not been held regularly during 2017. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. Bupa facilities have been awarded ACC work safety management practice at a tertiary level (expiry 5 July 2018).</p> <p>Annual satisfaction surveys are completed with the 2017 survey showing an increase in Net promoter scores and overall satisfaction from the previous year.</p> <p>Strategies are implemented to reduce the number of falls. This includes (but is not limited to) ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and intentional rounding. All residents have a transfer plan completed by a physiotherapist as part of their admission process. Interviews with the caregivers confirmed that they are aware of which residents are at risk of falling and this is discussed during staff handovers.</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>PA Low</p>	<p>There is an accident and incident reporting policy. There were 35 incidents logged for January 2018. A sample of eight resident falls-related incidents were sampled. Adverse events were investigated by the clinical manager and/or registered nursing staff in all eight accident/incident forms reviewed. Adverse events are trended and analysed with results communicated as part of management reports to senior management. There is documented evidence to support actions are undertaken to minimise the number of incidents. Clinical follow-up of residents is conducted by a registered nurse. Unwitnessed falls do not always include neurological observations.</p> <p>Discussion with the acting care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. Examples were provided of authorities being notified including a section 31 report being completed for a wandering resident (day of audit) and a coroner's case during 2017. One resident incident during 2017 included a section 31 and an in-depth root cause analysis and action plan. This is in the process of implementation.</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 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. Six staff files reviewed (two caregivers, two RNs, one activities person and the clinical manager) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The education programme being implemented is extensive and includes in-service training, competency assessments, and impromptu (tool box) talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements. The service ensures staff education includes training specific to caring for younger people. Specific education has included external education around Huntingdon's and Parkinson's, and also internal education around privacy and sexuality.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed their food safety training on-site. Chemical safety training is included in staff orientation and as a regular in-service topic.</p> <p>Seven of twelve RNs have completed their interRAI training and one in training. In addition to in-house training, the staff attend external training including sessions offered by the district health board.</p> <p>In addition to in-service education and training, a range of staff competencies are completed for applicable staff that include (but are not limited to) blood sugar levels and insulin administration, catheterisation for males and females, controlled drug administration, medication administration, manual handling, naso-gastric tube care, nebulisers, oxygen administration, restraint free environment, syringe driver, wound management.</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.</p> <p>The care home manager/RN and clinical manager/RN work Monday – Friday. The care home manager and clinical manager share on call when not available on-site. The manager is currently the operations manager with an RN clinical specialist on site when the operations manager is not available</p> <p>The facility covers two floors with an elevator placed in an accessible location.</p> <p>Kowhai and Remu Wings. Rest home only up to 51 residents with 47 on day of audit (upstairs)</p> <p>There is an RN and EN on duty during the day Monday to Friday. The care givers roster includes; AM; three long shifts and one short shift (three long shifts at the weekend). PM; two long shifts. Night; one</p>

		<p>caregiver.</p> <p>Nicau hospital level with up to 31 residents and 29 on the day of audit (upstairs)</p> <p>There is an RN on duty for each shift Monday to Sunday, plus an EN Monday to Friday. The care givers roster includes; AM; four long shifts and one short shift. PM; three long shifts and one short. Night; Two caregivers.</p> <p>Hospital- Matai wing. With up to 33 residents and 23 on the day of audit (staffing is increased when occupancy increases) (downstairs)</p> <p>There is an RN on duty for each shift Monday to Sunday, plus an EN Monday to Friday. The care givers roster includes; AM; three long shifts and one short shift. PM; three long shifts and one short. Night; Two caregivers.</p> <p>Nicau and Matai share an RN at night</p> <p>Interviews with staff, residents and family members identified that staffing is adequate. Separate cleaning and laundry staff are rostered.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. A process is in place for residents to self-administer. There are no standing orders. There are no vaccines stored on-site.</p> <p>The facility uses an electronic and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Medications are administered by RNs, ENs and senior CGs. Staff attend annual education and have an annual medication competency completed. The medication fridge temperature is checked weekly. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on the electronic system. Twelve medication charts were reviewed (six rest home and six hospital). Medications are reviewed at least three monthly by the GP. There was photo ID and allergy status recorded. 'As required' medications had indications for use charted.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs</p>	<p>FA</p>	<p>The service has three cooks who cover Monday to Sunday 9.00 am – 5.30 pm. There are four kitchen assistants in the morning and four in the afternoon. All have current food safety certificates. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on-site. Meals are served directly from the kitchen in the rest home and from a bain marie on one floor of the hospital and hot boxes on the other. Special equipment such as lipped plates</p>

<p>are met where this service is a component of service delivery.</p>		<p>is available. On the day of audit, meals were observed to be hot and well presented.</p> <p>There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on a kitchen whiteboard. The four-weekly menu cycle is approved by the BUPA dietitian. All resident/families interviewed were very satisfied with the meals.</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>When a resident's condition changes the registered nurse initiates a GP consultation. Staff state that they notify family members about any changes in their relative's health status. All care plans sampled had interventions documented to meet the needs of the resident and there is documented evidence of care plans being updated as residents' needs changed.</p> <p>Resident falls are reported on accident forms and written in the progress notes. Neurological observations are not always taken when there is a blow to the head or for an unwitnessed fall (link 1.2.4.3).</p> <p>Care staff interviewed state there are adequate clinical supplies and equipment provided including continence and wound care supplies and these were sighted. Continence management is documented in residents' care plans.</p> <p>Wound assessment, wound management and wound evaluation forms are documented on short-term care plans in place for all wounds. Wound monitoring occurs as planned. There are currently fifteen wounds being treated. There are currently three pressure injuries. Documentation was completed as per policy and procedure. All have wound management plans. Residents are repositioned two hourly and this is documented on turning charts. One resident is on an air mattress. The unstageable pressure injury has had input from the CMDHB wound care nurse specialist and the plastics clinic.</p> <p>Monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity</p>	<p>PA Low</p>	<p>There is one activities coordinator who works 32 and a half hours a week, one activities assistant who works 30 hours a week and one physiotherapy/activities assistant who works 32 and a half hours a week. The physiotherapy/activities assistant implements a physiotherapy/exercise programme in the morning and activities in the afternoon. On the days of audit residents were observed singing/dancing to entertainers, participating in exercises and a quiz and playing mini-golf.</p>

<p>requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>There is a weekly programme in large print on noticeboards in all areas and some residents had them in their rooms as well. Residents have the choice of a variety of activities in which to participate, and these include exercises, crosswords, games, rummikub, music and movies.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>There is a Catholic communion each Friday and the Manurewa Bible singers visit monthly. A local church also holds services on special occasions.</p> <p>The rest home has a van outing once or twice a week and the hospital once a fortnight. Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated. There is pet therapy weekly and the facility has also adopted three cats.</p> <p>There is community input from local schools.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the individual activity plan is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan.</p> <p>Resident meetings are held two monthly.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The five long term care plans reviewed had been evaluated by the registered nurse six monthly or when changes to care occurred. The respite plan was short-term only. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There is at least a three-monthly review by the GP. The family members interviewed confirmed that they are informed of any changes to the care plan.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which is due 16 March 2018. There is disabled access to the gardens and external areas.</p>

purpose.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have been low. Trends are identified, and quality initiatives are discussed at staff and quality meetings. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.</p> <p>There have been no outbreaks since the previous audit. Systems are in place that are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraints or enablers.</p> <p>An RN is the restraint coordinator. The restraint coordinator understands strategies around restraint minimisation and reports that she has been able to maintain a restraint-free environment since she has been in her role (July 2016). 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 (six-monthly) restraint meetings.</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 1.2.3.5</p> <p>Key components of service delivery shall be explicitly linked to the quality management system.</p>	PA Low	<p>There is a Bupa meeting schedule in place. Quality meetings for January and February 2018 were comprehensively documented and included discussion on a wide range of quality data including the quality goals for 2018 (to reduce skin tears and falls).</p>	<p>A review of meetings evidences that they were not held according to schedule during 2017. Examples include: No staff meetings documented, quality meeting (the main meeting where processes are brought together and discussed) were documented for March and September and health and safety and infection control meetings only held March and September.</p>	<p>Ensure that meetings are held according to the documented schedule to ensure communication with staff.</p> <p>90 days</p>
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse,</p>	PA Low	<p>Incidents and accidents are logged into the Bupa electronic database. All incidents are collated and reported to the senior management team (link to 1.2.3.6). Neurological observations had</p>	<p>Of the eight resident falls recorded, seven required neuro observation according to Bupa policy; three of the seven had no neurological observations documented for</p>	<p>Ensure that neurological observations are</p>

<p>unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>		<p>not always completed where the resident had potentially hit their head.</p>	<p>unwitnessed falls.</p>	<p>documented post unwitnessed falls as per Bupa policy.</p> <p>30 days</p>
<p>Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>PA Low</p>	<p>There is a planned weekly activity programme which provides a variety of activities which meet the needs of the aged care residents. This programme is not always tailored to the needs of the YPD residents and there are few community links. When interviewed, four YPD residents stated that they would like more age appropriate activities and to go out more. Their activity/care plans do not reflect this.</p>	<p>Age appropriate activities and community links are not documented in the activity/care plan for YPD residents.</p>	<p>Ensure age appropriate activities and community links are documented in the activity/care plan for YPD residents.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.