# Bupa Care Services NZ Limited - The Gardens Rest Home and 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** The Gardens Rest Home and Hospital

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

**Dates of audit:** Start date: 26 March 2018 End date: 27 March 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:** 45

# 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** |
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|  | 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 |
|  | 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 The Gardens provides rest home and hospital (geriatric and medical) levels of care for up to 55 residents. On the day of the audit, there were 45 residents.

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 and staff.

The service is managed by a facility manager, who is a registered nurse (RN) and qualified and experienced for the role. The facility manager is supported by a clinical manager/RN. Residents, relatives and the GP interviewed spoke positively about the service provided.

This audit identified improvements required around timeframes for documentation and medication documentation.

## Consumer rights

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| 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. |

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

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| 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. |

The facility 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. Meetings are held to discuss quality and risk management processes and results. 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

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| 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 provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner (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 medicines records reviewed are reviewed at least three-monthly by the GP.

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

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| 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. |

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

## Restraint minimisation and safe practice

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| 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 no residents with restraint and six residents with an enabler. Restraint management processes are available if restraint is used.

## Infection prevention and control

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| 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. |

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.

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| **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 | 14 | 0 | 1 | 1 | 0 | 0 |
| **Criteria** | 0 | 37 | 0 | 1 | 1 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **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 | 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.  There is an electronic complaint’s register. Nine complaints were lodged in 2017. Two complaints were reviewed for 2018, both complaints had a noted investigation, timelines determined by HDC were met, and corrective actions (where indicated) were actioned and signed off as being implemented.  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. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Five residents interviewed (three rest home and two hospital- including one younger person) stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Staff interviewed (one registered nurse, one enrolled nurse, the facility manager, the clinical manager, the operations manager and three caregivers) were aware of open disclosure and Bupa policies.  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 and one rest home) confirmed they are notified of any changes in their family member’s health status.  Interpreter services are available if needed. Staff and family are utilised in the first instance. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The Gardens is part of the Bupa group of aged care facilities. The care facility has a total of 55 beds suitable for rest home and hospital levels of care. Hospital level of care is certified for geriatric and medical. During the audit there were 45 residents (16 rest home and 29 hospital- including 3 respite residents, 1 ACC and 2 younger person disabled). There are 33 hospital beds certified for dual-purpose. 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.  The facility manager is a registered nurse (RN) who has been in the role for eight months. She has eleven years of experience of working with the Mental Health for Older Person’s Team. She is supported by a clinical manager/RN who has been in the role for eight months and was previously the unit coordinator at The Gardens.  The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | A quality and risk management programme is in place. Interviews with the facility manager, clinical manager and seven staff (three caregivers, one EN, one RN, one cook, and one activities coordinator) confirmed their understanding of the quality and risk management systems.  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 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.  Data collected (e.g., falls, medication errors, wounds, skin tears, pressure injuries, complaints and challenging behaviours) are collated and analysed with results communicated to staff.  An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative. Areas of non-compliance include the initiation of corrective actions with sign-off by the care home manager when implemented. Staff meetings include: monthly quality meetings; monthly staff meetings; and the newly implemented twice-weekly clinical review meetings. Meeting minute’s evidence that staff are well informed, and issues raised are followed up and discussed in meetings.  The health and safety programme includes two specific and measurable health and safety goals that are regularly reviewed. The health and safety team meet two-monthly. 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. 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).  The service has documented a series of improvements since the previous audit and they include: currently working towards dementia home accreditation with Alzheimer’s; a process of culture improvement (staff interviewed all commented on the great team they have); and taking a leadership role with the community partnership group. This group aims to discuss issues and improve processes and outcomes for the DHB and community care groups. The manager has commenced weekly walk rounds (weekly walks and talks). Any issues from these are discussed at meetings. There are two monthly resident meetings.  Facility goals for 2018 include: reducing behaviours that challenge; improving first impression audit outcomes; and health and safety goals. 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 that this is discussed during staff handovers. |
| 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 | There is an accident and incident reporting policy. Adverse events are logged onto the electronic system and are investigated by the clinical manager and/or registered nursing staff, as evidenced in all eight accident/incident forms reviewed. Adverse events are analysed with results communicated to staff. There is documented evidence that corrective actions are undertaken to minimise the number of incidents. Clinical follow up of resident’s post-incident is conducted by a registered nurse. Unwitnessed falls include neurological observations.  Discussion with the facility manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. Examples were provided of authorities being notified following section 31 reports being completed for two pressure injuries. There have been no coroner’s inquests. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are human resources 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 (two caregivers, two RNs and one cook) evidenced that reference checks were completed before employment was offered. Also sighted were signed employment agreements and job descriptions.  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 (toolbox) talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements.  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.  Five of seven RNs have completed their interRAI training. In addition to in-house training, the facility manager, clinical manager and staff attend external training including sessions offered by the district health board. 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; naos-gastric tube care; nebulisers oxygen administration; restraint-free environment; syringe driver; and wound management. |
| 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. Interviews with staff, residents and relatives and review of the roster evidences that there are sufficient staff to provide safe care. The services use the Bupa Acuity calculator to ensure safe staffing and to increase staffing as needed.  There is a facility manager and a clinical manager (both registered nurses) who work Monday to Friday. The facility manager and clinical manager share on-call when not on-site.  An RN is on duty for all shifts who covers both the hospital and rest home wings.  Hospital: caregiver staffing for the current occupancy of twenty-nine residents includes: two full shifts and two half shifts for the morning, one full and two half shifts for the afternoon.  Rest home: caregiver staffing for the current occupancy of sixteen residents includes two full shifts for the morning and one full and one-half shift for the afternoon.  Two caregivers are on duty for the facility for the night shift.  There is also a full-time activities coordinator, housekeeping and maintenance staff.  Staff, residents and relatives interviewed stated there was adequate staff and that staff are replaced when sick. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Moderate | There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service uses robotic packs and an electronic medication management system as well as a paper-based system.  The RN checks all medications on delivery against the medication and any pharmacy errors are recorded and fed back to the supplying pharmacy. Medications are securely and appropriately stored. The medication fridges have temperatures recorded daily and these are within acceptable ranges.  All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses and care staff interviewed were able to describe their role in regard to medicine administration. Standing orders in place had been correctly documented with an annual review.  Ten medication charts were reviewed (four electronic and six paper-based). Photo identification and allergy status were on all charts. All medication charts for long-term residents had been reviewed by the GP at least three-monthly. The paper-based charts did not all document a GP signature for medications, signing on administration and there was one instance of transcribing. |
| 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 main cook continues to oversee the food services and is supported by two further cooks and three kitchen hands to cover the week. The national menus have been audited and approved by an external dietitian. The main meal is in the evening. All baking and meals are cooked on-site in the main kitchen. With the exception of breakfast, meals are plated in the kitchen and taken to the dining room which is nearby. The main cook 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. 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. Chemicals are stored safely and cleaning schedules are maintained.  Staff were observed assisting residents with meals during lunch. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | The registered nurses complete care plans for residents. All five files sampled included progress notes which reflected the interventions detailed in the resident’s care plans. When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. The family members confirmed on interview they are notified of any changes to their relative’s health. Discussions with families and notifications were documented on the family/whānau contact form in the residents’ files sampled.  One the day of audit, there were 15 wounds logged for the rest home and hospital. The wounds included a variety of minor wounds such as skin tears, bruises and blisters. There was also a healing grade IV pressure injury and two surgical wounds. All wounds have wound assessments, plans and ongoing evaluations completed. The registered nurse attends to the wound dressings and an assessment and evaluation is completed at each dressing change. Photographs are taken to reflect improvement or deterioration.  Stocks of continence and dressing supplies are monitored by the RNs and ordered on a regular basis. Sufficient continence and dressing supplies are available. Registered nurses were able to describe access for wound and continence specialist input as required.  Monitoring forms in use (sighted) include: fluid balance; continence diary; monthly blood pressure and weight monitoring; nutritional food and fluid monitoring record; two-hourly turning charts; and behaviour monitoring charts.  Residents and families interviewed reported their needs were being met. There was clear documented evidence of relative contact following GP reviews, incidents, infections, care plan reviews or any changes to resident health status. |
| 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 service employs a full-time activity coordinator Monday to Friday, an activities assistant for three days per week and an additional assistant for Saturdays. The activity coordinator has been in the role eight years.  Activities are provided six days a week and these are published weekly and posted in each resident’s room. The integrated programme for rest home and hospital level of care was praised by residents and families.  Bupa has set activities on the programme calendar with the flexibility to add site-specific activities, entertainers and outings. Activities meet the abilities of both resident groups and younger persons. One-on-one time is spent with residents who are unable to or choose not to, join in the group activities. There are regular entertainers to the home and residents go on regular outings and drives. The service had a wheelchair hoist van.  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 ‘My Day My Way’ care plan and is reviewed at the same time as the care plan, in all resident files reviewed.  Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. Their overall satisfaction improved from 50% 2016 to 56 % 2017. The net promoter score improved from +35 to + 46.  Residents interviewed spoke positively about the activity programme. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans reviewed for long-term residents had been evaluated by registered nurses’ six-monthly. The multidisciplinary review involves the clinical manager, RN, GP, any allied health member involved in individual resident care, 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. 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 | A current building warrant of fitness is posted in a visible location (expiry 13 Jan 2019). |
| 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. Individual infection report forms are completed for all infections. This is kept as part of the resident files. Infections are included on an electronic 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, RN and staff meetings. The infection control programme is linked with the quality management programme.  Internal infection control audits also assist the service in evaluating infection control needs. Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks reported since the previous audit. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraints and six with enablers (five bed rails and one lap belt). All six residents with enablers had an assessment and consent. All documented monitoring as per care plan.  A RN is the restraint coordinator, supported by the clinical manager. Staff interviews and staff records evidenced training has been provided on enablers, restraint and challenging behaviour. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Restraint is discussed as part of staff meetings and quality meetings. |

# 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.

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| **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 | There are comprehensively documented systems and processes in place to safely guide practice. The service is in the process of fully implementing an electronic medication system. | (i)The service is using a combination of paper-based medication charts and electronic-based. On the day of audit, staff were struggling to locate specific charts. (ii) One signing chart was transcribed (rest home- paper-based). (iii) The same chart did not have all regular medication signed for on administration and did not have all medication signed for by the prescriber. | (i) Review the current medication system of utilising two systems, (ii) Cease the practice of transcribing (iii) Ensure that all medication is signed for by the prescriber and all medications are signed for on administration.  60 days |
| Criterion 1.3.3.3  Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer. | PA Low | Bupa has a templated assessment booklet and summary care plan for new residents. There are processes and policy around timeframes for all nursing and clinical documentation, however not all processes and documentation were fully completed within timeframes. | (i)The initial interRAI assessment was not completed within 21 days for one of three hospital residents. The routine interRAI assessments were not completed within six months for one of two rest home residents. (ii) The long-term care plan was not documented within 21 days for one of three hospital residents and two of two rest home residents. (iii) The respite resident (hospital level) care plan had not been updated or reviewed since the previous admission. | Ensure that nursing assessments and documentation are completed according to timeframes.  60 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.

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End of the report.