Bupa Care Services NZ Limited - The Gardens Rest Home and Hospital

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	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: 12 September 2019 End date: 13 September 2019

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: 50

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa The Gardens Rest Home and Hospital provides rest home and hospital levels of care for up to 55 residents. During the audit, there were 50 residents.

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

The Bupa quality and risk management programme is well embedded at The Gardens. Quality initiatives are implemented which provide evidence of improved services for residents. There have been a number of indoor and outdoor environmental improvements and refurbishments.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager and a unit coordinator.

This certification audit identified one area for improvement around implementation of monitoring charts.

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.

Staff demonstrated an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

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.

Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, seven days a week. The integrated residents' files are appropriate to the service type.

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.

Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is a comprehensive admission package available prior to or on entry to the service. The residents and family interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. A sample of residents' files validated the service delivery to the residents. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Planned activities are appropriate to the resident groups. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each consumer group. The residents and family interviewed confirmed satisfaction with the activities programme.

Staff responsible for medication management have current medication competencies. Medication policies reflect legislative requirements and guidelines. The medicine charts reviewed met legislative prescribing requirements.

All meals and baking are done on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required. The menu is reviewed annually by the Bupa dietitian. Residents commented positively on the meals provided.

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. Resident rooms are single, spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Chemicals are stored securely throughout the facility. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures are monitored.

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.

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures for the safe assessment and review of restraint and enabler use. During the audit, there was one resident using restraint and nine residents voluntarily using enablers.

Infection prevention and control

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

The infection control management system is appropriate for the size and complexity of the service. The infection control coordinator (registered nurse) working together with the clinical manager, is responsible for coordinating and providing education and training for staff. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections.

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	49	0	1	0	0	0
Criteria	0	100	0	1	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in visible locations. Staff receive training about the Code during their induction to the service, which continues through in-service education and training (most recent April 2019). Interviews with staff (one unit coordinator, two staff registered nurses (RNs), three caregivers, one activity coordinator, one cook, one laundry, two cleaners, one maintenance) and managers (care home manager, clinical manager) reflected their understanding of the key principles of the Code and its application to their job role and responsibilities.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There was informed consent policies, procedures and advanced directives in place. Signed admission agreements and general consent forms were sighted in all eight resident files sampled (four rest home including one resident on respite and four hospital level of care including one younger person with a physical disability). Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There was evidence in files sampled of family/EPOA discussion with the GP for medically indicated not for resuscitation status where residents were not deemed to be competent. Caregivers interviewed, confirmed verbal consent is obtained when delivering care. In the files sampled, there was an appropriately signed resuscitation plan and advance directive in place. Discussions with residents and

		family/whānau where appropriate, demonstrated they are involved in the decision-making process and in the planning of the resident's care.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Information about the National Health and Disability Advocacy service is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility in three languages. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Complaint resolution letters sent to families provide a link to the engagement advisor at Bupa's head office.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. The service is responsive to young people with disabilities accessing the community resources as able. Resident and relative meetings are held bi-monthly. Monthly newsletters are provided to residents and relatives.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager using a hard copy and electronic complaints' registers. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC). Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at reception. Seven complaints from February 2019 to July 2019 were reviewed in their entirety and reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken. Meeting minutes documented that complaints and action plans have been discussed, with clinical review meetings documenting discussion around care associated complaints. All complaints were signed off by the care home manager as resolved.

Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, the clinical manager and registered nurses discuss aspects of the Code with residents and their family on admission. Information relating to the rights of residents is posted on communication boards throughout the facility. All eight residents interviewed (two rest and six hospital level (including one younger person disabled) and four relatives (three hospital and one rest home) reported that the residents' rights are being upheld by the service with examples provided. They confirmed their understanding of the Code and its application to this environment.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents were observed being treated with dignity and respect. Privacy is upheld and independence is encouraged. Residents and relatives interviewed were very positive in relation to the service meeting the residents' values and beliefs. Young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious and spiritual identity. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with evidence of family involvement and is integrated into the residents' care plans. Spiritual needs are documented where identified and church services are held. There is a policy on abuse and neglect and staff have received training (most recent July 2019).
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, and cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. The service has also named all wings Mai Moa (the cherish). Five residents who identified as Māori are living at the facility. One file for a Māori resident reviewed reflected cultural values and whānau. Māori consultation is available through Lakes DHB kaumātua and included a blessing for the service March 2019. The staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs	FA	The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		values and beliefs. All care plans reviewed included the resident's spiritual and cultural needs.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. A house GP visits the facility two days a week and provides an afterhours service. The GP interviewed is very happy with the level of care that is being provided. Physiotherapy services are provided on site two days per week and as needed. There is a regular in-service education and training programme for staff. A podiatrist is on site every six-weeks. The service has links with the local community and encourages residents to remain independent. Bupa The Gardens monitors adverse events using an electronic database (Riskman). If the results reflect a negative trend, a corrective action plan is developed by the service. If the results are above the benchmark, a corrective action plan is developed by the service. A recent innovation has been the creation of a designated palliative care room. The room is spacious and has its own entrance, small kitchen, lounge and sleeping facilities for family/whānau. There are close links and support from palliative care. The service reported that the palliative care room is very well used, and they have received positive feedback from the palliative care service. The manager and clinical manager reported that they work closely together and have developed a supportive care team. The care staff and RNs also reported that they feel they are very well supported in their role. The most recent survey reflected that this supportive environment has impacted positively of the care and support provided to residents and their family. The most recent survey reported a plus 50 NPS result and both relative and resident results showed an improvement across all areas since 2018.
Standard 1.1.9: Communication Service providers communicate	FA	Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Language and

effectively with consumers and provide an environment conducive to effective communication.		communication needs and use of alternative information and communication methods are available and used where applicable. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Bupa The Gardens Rest Home and Hospital provides hospital and rest home level of care for up to 55 residents. Fifty residents were living at this facility during the audit. This included 23 rest home level residents including one respite resident and 27 hospital level residents including two younger persons disabled. A vision, mission statement and objectives are in place. The Bupa philosophy and strategic plan reflect a person/family centred approach. Annual goals for the facility have been determined and are regularly reviewed by the care home manager with reporting through head office. The care home manager has been in the role for two years and is a registered nurse. She holds a postgraduate certificate in health science, is a Careerforce assessor and is currently undertaking a diploma in business. She is supported by an experienced clinical manager/registered nurse (RN). The care home manager and CM are supported by a Bupa regional manager and a unit coordinator (RN). The care home manager and CM have maintained over eight hours annually of professional development activities related to managing an aged care service.
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe	FA	During the temporary absence of the care home manager, the clinical manager or Bupa relieving facility manager cover the care home manager's role.

services to consumers.		
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	An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it 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. New policies or changes to policy are communicated to staff. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. Satisfaction with choices, decision making, access to technology, aids, equipment and services contribute to quality data collected by the service. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are established for all quality data outside Bupa-set parameters as well as when the service has noted an increase in trends. This was noted for falls and pressure injuries, both of which documented action plans and actions. Action plans implemented have been signed off when completed. There are two clinical review meetings held weekly and monthly RN meetings are documented, and all meetings document a wide range of resident related discussion and care. Health and safety goals are established and regularly reviewed. The health and safety team meet one to two monthly. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. A health and safety noticeboard provides staff with comprehensive health and safety information, forms and updates. All new staff and contractors undergo a health and safety orientation programme. Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms. Toileting plans, review of individual residents that have fallen through RN and clinical review meetings and intentional rounding are examples of strategies being implemented.
Standard 1.2.4: Adverse Event	FA	Individual reports are completed for each incident/accident with immediate action noted and any follow-

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.		up action(s) required. Incidents are collated monthly at head office and presents per 1000 bed days. This report also identifies any trends that are outside Bupa defined limits. Action plans are documented and followed up for all adverse trends. The audit identified that the incidence of incidents and accidents has increased. Discussion with the manager and CM noted that they have encouraged staff around reporting as part of the open and supportive environment they have created. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system. The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. Examples provided included notifications for three pressure injuries.
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	Human resources policies include recruitment, selection, orientation and staff training and development. Eight staff files reviewed (one clinical manager, two RNs, one activities person and four caregivers), provided evidence of a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained. The orientation programme provides new staff with relevant information for safe work practice. Caregiver staff are awarded a level two national certificate following completion of their orientation programme. There is an implemented annual education and training plan that exceeds eight hours annually per employee. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies each year. Opportunistic education (toolbox talks) are provided during handovers. The competency programme has different requirements according to work type (eg, caregivers, RN, and cleaner). Core competencies are completed annually, and a record of completion is maintained – competency register sighted. Registered nurses are supported to maintain their professional competency. Eight registered nurses are employed and seven have completed their interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies.
Standard 1.2.8: Service Provider Availability	FA	There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager, a clinical manager (RN) and a unit coordinator for the rest home,

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.		rostered Monday - Friday. RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of caregivers. There are 23 rest home residents, caregivers for this group include; two long shifts and a short shift for the AM, a long shift and a short shift for the PM and one on nights. There are 27 hospital residents, caregivers for this group include; three long shifts and a short shift for the AM, one long shift and two short shifts for the PM and one on nights. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrated service integration with only medication charts held in a separate folder.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Bupa The Gardens has a comprehensive admission policy. Residents are assessed prior to entry to the service by the needs' assessment team. Specific information is available for residents/families/whānau at entry. The information pack includes all relevant aspects of the service and residents and/or family/whānau are provided with associated information such as the Code, how to access advocacy and the health practitioners code. All relatives interviewed were familiar with the contents of the pack. The care home manager and clinical manager screen admissions prior to entry to ensure a needs assessment has been completed and the service is able to provide the level of care required, if there is a room available. The eight admission agreements sighted aligned with all contractual requirements. Exclusions from the service are included in the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a	FA	There is a policy that describes guidelines for death, discharge, transfer, documentation and follow-up and a record is kept and a copy of which is kept on the resident's file. All relevant information is documented on the Bupa transfer form and accompanied with a copy of the resident admission form,

planned and coordinated transition, exit, discharge, or transfer from services.		most recent GP consultation notes and medication information. Resident transfer information is communicated to the receiving health provider or service. There is documented evidence of family notification of appointments and transfers. Relatives interviewed confirmed that they are notified and kept informed of the resident's condition.
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.	FA	Registered nurses and medication competent caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. The standing orders have been approved by the GPs annually and meet the legislative requirements for standing orders. There was one self-medicating rest home (respite care) resident on the day of audit. The self-medicating competency and monitoring was in place. There is one medication room with keypad access control. The medication fridge has temperatures recorded daily and these were within acceptable ranges. There is a signed agreement with the pharmacy. The facility uses a robotics pack medication management system for the packaging of all tablets. Eyedrops and other liquid medications were dated on opening. The facility utilises an electronic medication management system for all long-term residents. The sixteen medication charts reviewed (eight hospital and eight rest home) had photo identification and allergy status documented on the chart. All medication charts evidenced three monthly reviews by the GP. Prescribed medication was signed after being administered as witnessed on the day of the audit. All 'as required' medication prescribed had indications for use documented by the GP. Effectiveness of 'as required' medication administered was documented.
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	All meals are prepared and cooked on-site. The service utilises a four weekly summer and winter menu that has been reviewed by the Bupa dietitian. There is a full time cook, who also serves as the kitchen manager who works four days on and four days off per week. There are four kitchenhands (working mornings and afternoons) to support the cook, including one kitchenhand that is an assistant cook. All kitchen staff (one cook, one assistant cook and three kitchenhands) have NZQA167 qualifications. The lunch and dinner meals are plated in the kitchen and served in the main dining room. A room service is offered to residents that prefer eating their meals in their bedrooms. Resident likes and dislikes are known, and alternative choices offered. The residents have a nutritional profile developed on admission and the kitchen staff receive a copy, which identifies the residents' dietary requirements and likes and dislikes. Special diets include gluten free, diabetic and moulied. The cook is notified of any residents with weight loss. Protein drinks and fluids were available in the kitchenette fridges. Lip plates and specialised utensils are provided to promote and maintain independence with meals. Fridge, freezer and end cooked meat temperatures are taken and recorded daily. Perishable foods sighted in the kitchen pantry were dated and stored in sealed containers. The dishwasher is checked regularly by the

		chemical supplier. Staff have received training in chemical safety. Chemicals were stored safely. A signed cleaning schedule is maintained. Staff were observed assisting residents with their midday meal on both the audit days. Resident meetings and surveys, along with direct input from residents, provides resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	There is an admission information policy. The service records the reason (no bed availability or unable to meet the acuity/level of care) for declining service entry to potential residents and communicates this to potential residents/family/whānau. Potential residents would be referred back to the referring agency if entry is declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The service uses the Bupa assessment booklets and person-centred templates for all residents on admission. The assessment booklet includes; falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and culture. Nutritional and dietary requirements are also completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with significant others as verified in the staff and family/whānau interviews. InterRAI assessments, assessment notes and summary were in place for six of the seven long-term resident files reviewed. One rest home resident had not been at the service six months and was awaiting transfer of interRAI file from the DHB. However, the long-term care plan was based on the completed Bupa assessment booklet. The respite resident's file had an initial assessment completed on admission. The outcomes of the assessments are reflected in the care plan.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused,	FA	The initial care plan is developed from the initial admission assessment process and the needs identified by the registered nurse. Comprehensive long-term care plans are individually developed and were reflective of the outcomes of the interRAI and risk assessment tools completed. Long-term care plans are completed with consultation with the resident and/or family/whānau. Residents and family members

integrated, and promote continuity of service delivery.		interviewed stated they were involved in the care planning process. All long-term care plans reviewed were up to date. Nursing diagnosis, goals and outcomes were identified. Care plan interventions were individualised for each resident. All seven long-term care plans reviewed recorded sufficient detail to guide care staff. Activities care plans were completed for all eight resident files. Activity plans are reviewed six-monthly with the long-term care plans. Residents have been seen by the GP at least three monthly or more frequently if required. The GP recorded progress in the medical records and noted reviews on the resident's medicine management charts. Short-term care plans were being used for acute changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	The eight care plans reviewed included interventions that reflected the resident's current needs. When a resident's condition changes the RN initiates a GP visit or nursing specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Continence products are available and resident files included a 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. Wound assessment, wound management and evaluation forms and plans were in place for 41 wounds (28 skin tears and 13 abrasions and chronic lesions). The August wound analysis report reflected that one resident with a high number of falls had sustained majority (seven) of the documented skin tears. There were five facility acquired pressure injuries (included two resident with two pressure injuries each) and one resident admitted with a pressure injury. Monitoring charts reviewed included monthly and weekly weight charts, monthly vital signs, neurological observations post unwitnessed falls, however monitoring was not documented for three residents with enablers. One rest home resident that the GP had prescribed daily monitoring of fluid balance, sitting and standing blood pressures and monitoring of episodes of angina did not have the prescribed interventions completed.
Standard 1.3.7: Planned Activities	FA	The service employs one activity coordinator that works 37.5 hours (Monday to Friday) per week and two activity assistants for 30 hours per week. The activity coordinator is involved in the admission process,

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.		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. The activity programme covers activities across the rest home and hospital five days a week. Over the weekends, the caregivers oversee the activities programme. The activity coordinator has a first aid certificate and accompanies the residents on the weekly van drives. All activities plans were completed within timeframes, a monthly record of attendance to activities is maintained and evaluations are completed six-monthly. A copy of the map of life and weekly activities programme is in the resident's room. The monthly and weekly programmes are displayed in large print on noticeboards throughout the facility as evidenced during the audit. There are a general range of activities for all residents to join in and activities for more able residents. The activities coordinator stated that the programme may vary according to resident requests such as playing different games or outings delayed due to weather, or extra outings if weather is nice in the summer. The activities team provides individual and group activities for all residents that includes; craft, music, exercises, reminiscing, baking, entertainers and weekly van outings. One-on-one activities occur such as individual walks, reading and chats and nail/hand care for residents who are unable or choose not to be involved in group activities. The van outings included (but not limited to) visits to the local shops, museum and Rotorua hot pools and parks. Community links are maintained with church groups, kindergarten, community speakers, local kapa haka groups and other community entertainers. Father's Day, ANZAC Day, Easter, Māori language week and other special events are celebrated. The majority of the activities and events are held in the main hall, however smaller groups and one-on-one activities are held in the smaller lounges. Activities for younger people included van rides when weather is nice, walks in wheelchairs, family visits, colouring in books and music. The activity coordinator stated that they take time to get to know the residents and what their hobbies and interests are, prior to commencing the programme. The activities coordinator and assistants ensure that the activities programme, involvement and pace are set by the resident. There is a range of music available to listen to right up through the ages. There are two-monthly resident meetings, where residents have the opportunity to provide feedback on all aspects of the facility including activities. The facility manager and activities teams meet monthly and work on planning new activities to improve the programme and contribute to the two-monthly newsletter. On the days of the audit residents were observed participating in the morning exercise session, colouring in activities and enjoying the entertainer. Residents and families interviewed were happy with the activities programme and content.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a	FA	The care plans are reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status, in six of seven long-term files sampled. One rest home resident had been in the facility for less than six months. Six monthly multi-disciplinary reviews (MDR)

comprehensive and timely manner.		and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activity coordinator and any other relevant person involved in the care of the resident. Family members are invited to attend the MDT review. The review checklist identifies the family member who has attended the review. There is at least one three-monthly review by the medical practitioner. There are short-term care plans available to focus on acute and short-term issues. These are evaluated regularly and either resolved or added to the long-term care plan as an ongoing problem. Wound care charts were evaluated in a timely manner. Care plans were updated when needs change. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referrals to other health and disability services were evident in the sample group of residents' files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. Examples of referrals sighted were to physiotherapy, mental health services and hospital specialists. Discussions with the clinical manager, unit coordinator and the three registered nurses identified that the service has access to GPs, ambulance/emergency services, allied health, physiotherapy, wound specialists, and directly to the local hospice for advice and support.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are documented policies and procedures in place for the management of waste and hazardous substances to ensure incidents are reported in a timely manner. Chemicals were correctly labelled and stored in locked cupboards throughout the facility. Staff training on chemical safety, management of waste and hazardous substances was evidenced. Safety datasheets and product wall charts are available to all staff. Approved sharps containers were available and meet the hazardous substances regulations for containers. Gloves, aprons, and goggles were available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff were observed wearing appropriate personal protective clothing when carrying out their duties. Cleaning staff took cleaning trolleys into the resident rooms or they were in their line of sight so that chemicals were not left unattended.
Standard 1.4.2: Facility Specifications Consumers are provided with an	FA	The building holds a current building warrant of fitness, which expires on 13 January 2020. There is a full-time maintenance person who works from Monday to Friday and is on call after-hours and on weekends. There is a Bupa 52-week planned preventative and reactive maintenance programme in

appropriate, accessible physical environment and facilities that are fit for their purpose.		place. The checking of medical equipment including hoists, has been completed annually. Electrical testing and tagging have been completed annually. The hot water temperatures are monitored weekly on a room rotation basis. Temperatures were recorded between 39 – 45 degrees Celsius. The living areas are carpeted, and vinyl surfaces exist in bathrooms/toilets and kitchen areas. The building has three wings, all connected to the large central lounge/dining area. The corridors are wide, with handrails which promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the facility with mobility aids, where required. There was outdoor furniture and seating with shade sails in place and a ramp for wheelchair access to all external areas. There is one designated resident smoking area in the front of the facility and a designated staff smoking area at the rear entrance. The gardens were well maintained and easily accessible to all residents and staff. The registered nurses and caregivers interviewed stated that they have sufficient equipment referred to in care plans and necessary to provide care.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	FA	There are 14 bedrooms that have full ensuites in the facility. All residents' bedrooms have hand basins. There are adequate numbers of communal toilets and shower rooms with privacy locks. There are communal toilets located close to communal areas in the rest home and hospital areas. There is appropriate signage, easy clean flooring and fixtures, and handrails appropriately placed. Slide signs indicate whether the communal toilet/showers are vacant or in use. Residents interviewed reported their privacy is maintained at all times.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All bedrooms are single. The bedrooms are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Staff interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms have wide doors for bed evacuation or ambulance trolley access. Residents are encouraged to bring their own pictures, photos and small pieces of furniture to personalise their room. A tour of the facility evidenced personalised rooms including the residents own furnishing and adornments.
Standard 1.4.5: Communal Areas For Entertainment,	FA	There is a large spacious open-plan central lounge and dining room that is used by both the rest home and hospital wings. There are a number of smaller seating alcoves throughout the facility and at the end

Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		of each wing for residents and families to use. All the dining rooms and lounges accommodate specialised lounge chairs as evidenced on the days of the audit. There is a lounge and kitchenette, adjacent to the palliative room that can be closed off from the rest of the facility, allowing the resident and family to have privacy. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Seating and space is arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander. Residents were observed moving freely around the facility and the furniture is well-arranged to facilitate this. Care staff assist or transfer residents to communal areas for dining and activities.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are policies in place including cleaning department, use of equipment policy and cleaning schedules. There is a cleaning schedule/methods policy for cleaners. All laundry and personal clothing is laundered on site. There are dedicated laundry staff on duty from 8.30 am to 3 pm daily. There is a defined clean/dirty area within the laundry which also has an entry and exit door. There is a designated washing machine and dryer in the event of an outbreak. The laundry has a label machine for residents clothing to minimise lost items. Chemicals are stored securely in the laundry area. There are dedicated cleaners for each of the service areas, working seven days a week. Cleaning products are colour coded, for example mop heads for each area. Personal protective equipment is available in the laundry, cleaning and sluice room. Staff were observed to be wearing appropriate protective wear when carrying out their duties. The cleaners' trolleys are stored in locked areas when not in use. Both the laundry and cleaning staff have completed chemical safety training. Cleaning and laundry staff were very knowledgeable around outbreak management. The chemical supplier conducts quality checks on the effectiveness of washing and cleaning processes. Residents and relatives interviewed were happy with the laundry and cleaning services provided.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	There are emergency/disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. The facility has an approved fire evacuation plan and fire drills occur six monthly. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative gas facilities for cooking in the event of a power failure. There are civil defence kits in the facility and stored water. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. The facility is secured at night.

Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All communal areas and resident bedrooms are well ventilated and light. The facility has ceiling heating and radiator panels throughout the resident and communal areas. Residents and family interviewed, stated the temperature of the facility was comfortable.
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	Bupa The Gardens has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the Riskman incident reporting system and reported to head office. A registered nurse is the designated infection control coordinator who has been in the role for a year. The IC coordinator has a job description and is supported in the role by the clinical manager. The infection control programme is reviewed by teleconference with all other infection control coordinators six monthly. Influenza vaccines are offered to residents and staff annually. Visitors and family are advised not to visit if they are unwell. There are hand sanitisers strategically placed throughout the facility. There have been no outbreaks since the previous audit.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The infection control nurse has attended external infection control education. There are monthly IC meetings which include discussion and reports on infection control data. There were adequate resources to implement the infection control programme for the size and complexity of the organisation. There is advice and support from the management team, expertise at head office, infection control consultant and infection control officer at the DHB.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect	FA	There are Bupa organisational infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, infection control training and education of staff. The policies were developed by the Bupa organisation management team and reviews/updates are distributed by head office. Policies are discussed at staff meetings and are

current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		readily available in hard copy and on the intranet.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. Annual infection control education including hand hygiene has occurred for all staff. The infection control coordinator attends handovers and provides topical toolbox talks for staff on infections and infection control practice. All new staff complete orientation which includes infection control and hand hygiene. Staff complete infection control competencies. Visitors are advised not to attend until the outbreak has been revisited if unwell. Information is provided to residents and visitors that is appropriate to their needs and this was documented in medical records.
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. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners. Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infections statistics are included for benchmarking. Corrective actions are established where trends are identified. Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control manual. Surveillance of all infections is entered into a monthly infection summary. The infection control coordinator provides infection control data, trends and relevant information to the quality risk team and clinical meetings. Areas for improvement are identified, corrective actions developed and followed up. This data is monitored and evaluated monthly at head office. There are key performance

		indicators for all infection types.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	A regional restraint group at an organisation level reviews restraint practices. A monthly restraint committee as part of the RN meeting is responsible for restraint review and use. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear guidelines in the policy to determine what restraint is and what an enabler is. The restraint policy includes comprehensive restraint procedures. Discussion with the restraint coordinator (RN) confirmed the service commitment to reducing restraint use. At the time of the audit, the service had one resident with restraint and nine using enablers.
Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.	FA	The restraint coordinator is a registered nurse. The service has a restraint coordinator position description. Assessment and approval processes for restraint interventions included the restraint coordinator, clinical manager, registered nurses, resident/or family representative and medical practitioner. Restraint and enabler use, and review is part of the three-monthly GP reviews, six monthly care plan evaluation and monthly RN meetings.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	The service completes comprehensive assessments for residents who require restraint interventions. These were undertaken by suitably qualified and skilled staff in partnership with the family/whānau. The restraint coordinator, clinical manager, registered nurses, the resident and/or their representative and a medical practitioner were involved in the assessment and consent process. Assessments and approvals for restraint and enablers were fully completed. These were sighted in the three files reviewed, one for restraint and two for enablers.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The restraint minimisation policy identifies that restraint is only put in place where it is clinically indicated and justified, and approval processes are followed. An assessment form/process was completed for one restraint file. The restraint file reviewed had a completed assessment form, and the care plan included reference to the restraint and the risks associated with its use. Monitoring was consistently documented

		in the restraint file reviewed, but not the enablers files (link 1.3.6.1). Consent forms detailing the reason and type of restraint were completed. The service has a restraint and enablers register, which had been updated each month.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The service has documented evaluation of restraint every month as part of the RN meeting. In the three files reviewed (one restraint and two enablers), individual evaluations had been completed with the resident, family/whānau, restraint coordinator and medical practitioner three monthly. Evaluation timeframes were determined by risk levels.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	Restraint usage throughout the organisation is also monitored regularly and is benchmarked. Review of this use across the group is discussed at regional restraint approval groups.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	Staff interviewed demonstrated an understanding of the assessment, monitoring and management plans. Monitoring forms are used to monitor residents’ health and well-being including weight, blood sugar levels, behaviour and neurological observations post unwitnessed falls, however, three residents with enablers did not have monitoring completed as per policy. One rest home resident did not have daily monitoring of fluid balance, sitting and standing blood pressures and monitoring of episodes of angina completed as prescribed by GP. This was addressed on the day of audit.	(i) Two hospital and one rest home resident with enablers did not have monitoring documented in progress notes as per policy. (ii) One rest home resident did not have daily monitoring of fluid balance, sitting and standing blood pressures and	(i) Ensure progress notes reflect the monitoring is completed for residents with enablers as per policy. (ii) Ensure GP instructions are

			monitoring of episodes of angina completed as prescribed by the GP.	implemented as prescribed. 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.

No data to display

End of the report.