

Bupa Care Services NZ Limited - Parkstone Care Home

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:	Parkstone Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 3 August 2017 End date: 4 August 2017
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	93

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
Yellow	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
Red	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

Parkstone Home and Hospital is part of the Bupa group. The service is certified to provide rest home, hospital (medical and geriatric) and residential disability – physical level care for up to 102 residents. On the day of audit, there were 93 residents.

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

The facility is purpose-built and opened 17 October 2016. The service had 94% occupancy within the first 7 months of opening.

The service is managed by an experienced management team. The care home manager (registered nurse) is supported by a clinical manager, unit coordinators and a Bupa regional manager.

The residents and relatives interviewed all spoke positively about the home, staff and the care provided.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Parkstone and has been embedded in practice since opening. Quality initiatives are implemented which provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

The facility has embedded the interRAI assessment protocols within its current documentation. Resident files included service integration and input from allied health and specialists.

There is one improvement required by the service around aspects of care plan interventions.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Parkstone endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate 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. Young people with disabilities can maintain their personal, cultural, religious and spiritual identity. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. 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 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.
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Services are planned, coordinated, and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. Parkstone is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training for staff is in place. The staffing levels meet contractual requirements. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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There is a comprehensive admission package available prior to or on entry to the service. Resident records reviewed provide evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed

at least six-monthly. Resident files include one – three monthly reviews by the general practitioners. There is evidence of other allied health and specialist input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medicines records reviewed include documentation of allergies and sensitivities and are reviewed at least three-monthly by the general practitioners.

An integrated activities programme is implemented for all residents. There is also a specific programme for the younger people. The programme includes community visitors and outings, entertainment and activities that meets the recreational preferences and abilities of the residents.

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Chemicals are stored securely throughout the facility. The building holds a current code of compliance. The facility is purpose built and spacious and includes five communities. Resident rooms are single, spacious and personalised. All rooms and ensuites have been designed for hospital level care. There is a mobility bathroom with shower on each floor. Communal areas within each area/community 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. 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 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.
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Restraint minimisation and safe practice policies and procedures are in place. On the day of audit, the service had 10 residents with a restraint and 10 residents using an enabler. Staff receive training in restraint minimisation and management of challenging behaviours. Assessed risks are documented in care plans. Ongoing restraint assessments, monitoring and evaluation occurs. The service and organisation regularly review restraint use and strive to minimise the use of restraint.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and

education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with seventeen care staff (eight caregivers, two unit coordinators, four registered nurses (RN) and three activity coordinators), reflected their understanding of the key principles of the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There were signed general consents including outings in all 12 resident files reviewed. Resuscitation treatment plans and advance directives were appropriately signed in the files reviewed.</p> <p>Discussions with caregivers, and registered nurses (RNs) confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p>

		Informed consent processes were also being reviewed through the six-monthly MDT meeting with residents and relatives and also links to the quality system through satisfaction surveys and internal audits.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Information on advocacy services through the HDC office 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. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	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. Resident and relative meetings are held bi-monthly. Quarterly newsletters are provided to residents and relatives. Parkstone has a number of younger people including residents on YPD contracts. These residents are engaged in a range of diverse community activities including (but not limited to) cooking, TaiChi, health and wellness, social groups and community outings. Additionally, there are three monthly education sessions with the Health and Disability advocate.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint's register. Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. Six complaints made in 2016 and seven received in 2017 year to date were reviewed. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Any corrective actions developed has been followed-up and implemented.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	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 the reception area. A manager discusses aspects of the Code with residents and their family on admission. Discussions relating to

rights.		the Code are held during the resident/family meetings. Twelve residents (three younger persons with disabilities (YPD), four rest home and five hospital level) and seven relatives (one YPD, one rest home and five hospital level) interviewed stated that the residents' rights are being upheld by the service.
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 are treated with dignity and respect. Privacy is ensured and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and church services are held. There is a policy on abuse and neglect and staff received training in July 2017. Young people with disabilities can maintain their personal, gender, sexual, cultural, religious and spiritual identity. One married couple interviewed stated that they were happy with their privacy and that they enjoy being able to share a room.
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, 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. At the time of the audit there were no residents that identified as Māori living at the facility. Māori consultation is available through the local iwi links and Māori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic, last occurring in June 2017. 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 Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual 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. Residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.
Standard 1.1.7: Discrimination	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

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>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.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>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. The general practitioner (GP) reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. The service receives support from the district health board (DHB), which includes visits from the mental health team and nurse specialist's visits. Physiotherapy services are provided on-site, four hours per week. A podiatrist is on-site monthly with referrals. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa has established benchmarking groups for rest home, hospital, dementia, psychogeriatric/mental health services. Parkstone is benchmarked against the rest home and hospital data. If the results are above the benchmark, a corrective action plan is developed by the service. All Bupa facilities have a master copy of all policies and procedures and a master copy of clinical forms filed alphabetically in folders. These documents have been developed in line with current accepted best and/or evidence-based practice and are reviewed regularly. The content of policy and procedures are detailed to allow effective implementation by staff. A number of core clinical practices also have education packages for staff, which are based on their policies.</p> <p>Parkstone was a category winner in the 2017 Bupa awards for the strong and sustainable performance category. This was for a project that had 74 residents being moved into Parkstone from Parkwood over a two-day period. Staff from the two care homes started working in Parkstone from those two days and their commitment in providing a safe and quality care, ensured the safety of all residents during this transition period and in the months, that followed. Parkstone was 94% occupied within the first seven months of opening, which exceeded projected targets and expectations.</p> <p>As a new facility (open 9 months), management advised that their focus had been on providing safe and quality care to the 75 residents who moved into their home when they first opened, and then to welcome many more residents into their care following. Recently, they have been able to establish goals to particularly focus on clinical review meetings/end of life care, memorable dining, caring for their under 65yrs community, and best practice for the cleaning/household team. These quality initiatives are being further established and implemented.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>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. Fourteen accident/incident forms reviewed from July 2017 identified that 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. The information pack is available in large print and is read to residents who require assistance. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Parkstone Care Home is a Bupa residential care facility. The facility is a new purpose-built building that opened in October 2016. The facility has a total of 102 beds. On the first day of audit there were 93 residents. The service is certified for hospital (geriatric and medical), rest home and residential disability - physical level care.</p> <p>The facility opened October 2016. Parkstone was 94% occupied within the first 7 months, far exceeding projected targets.</p> <p>The facility is across two levels and divided into five separate self-contained communities. All resident rooms within the facility are dual-purpose. On the ground floor there are two communities, Peer community and Brodie community. In Peer community, there are a total of 17 residents across 21 beds. The majority of residents in this community are under 65 years. There is one rest home resident, nine hospital residents (including one on a Long-Term Support Chronic Health Condition contract [LTSCHC] and four under 65 residents on Severe Medical Illness contracts [SMI]) and seven residents under younger persons with disabilities [YPD] contracts (including six YPD - hospital level and one YPD - rest home level). The second community on the ground floor is Brodie community. Brodie community has a total of 28 beds (two double rooms) with an occupancy of 25 residents. This includes two residents (under 65) on SMI contracts, eight hospital residents, 12 rest home residents and three YPD residents.</p> <p>On the second floor, there is three self-contained communities. Yaldhurst wing has 24 rooms with a total of 25 residents (one double room). This includes 13 hospital residents (including one resident on an End of Life contract), 10 rest home residents (including one respite resident) and two YPD residents (both hospital level).</p> <p>Athol wing has 21 rooms with a total of 20 residents. This includes 13 hospital residents, three rest home residents, three residents on LTSCHC contracts (two hospital, one rest home) and one YPD resident (hospital level). There is also a smaller wing (Ilam wing) that has a total of seven premium</p>

		<p>rooms with an occupancy of six residents (all on ARCC agreements). This includes three hospital and three rest home residents.</p> <p>Parkstone is part of the Southern Bupa region and the managers from this region meet quarterly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly report to the Bupa operations manager. The operations manager teleconferences weekly and completes a report to the director of care homes and rehabilitation. A quarterly report is prepared by the care home manager and sent to the Bupa continuous service improvements (CSI) team on the progress and actions that have been taken to achieve the Parkstone quality goals.</p> <p>The care home manager has been in the role since the facility opened in October 2016. She is supported by a clinical manager and two unit coordinators (RNs). Staff spoke positively about the support/direction and management of the current management team. Care home managers and clinical managers attend annual organisational forums and regional forums six-monthly.</p>
<p>Standard 1.2.2: Service Management</p> <p>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 services to consumers.</p>	FA	<p>The clinical manager who is employed full time steps in when the care home manager is absent. The operations manager who visits regularly, supports the clinical manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A quality and risk management system is being implemented into practice. Quality and risk performance is reported across facility meetings and to the operations 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. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. There are policies and procedures appropriate for service delivery including the specific needs of younger people.</p> <p>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 injuries, wounds and medication errors. 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</p>

		<p>for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are developed when service shortfalls are identified and signed off when completed. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the health and safety committee. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. An employee health and safety programme (Smile) is in place, which is linked to the overarching Bupa National Health and Safety Plan. There was an annual resident/relative satisfaction survey completed in June 2017 with an 85% overall satisfaction rate. Surveys include young people with disabilities around issues relevant to this group.</p> <p>As a result of data analysis completed on falls, the facility has implemented a number of quality improvements. Falls prevention strategies include ensuring transfer plans are current, intentional rounding, use of senior mats, analysis of falls events including times and location of falls and links to any infection/period of illness and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Fourteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked and analysed for trends. The managers are aware of their requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the</p>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Ten staff files (one clinical manager, two unit coordinators, two RNs, three caregivers, one kitchen manager/chef and one maintenance person) reviewed evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p>

<p>requirements of legislation.</p>		<p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. From this, they are then able to continue with Core Competencies Level-3 unit standards. These align with Bupa policy and procedures. Ninety nine percent of the total staff have attained at least one Bupa Personal Best certificate. A total of 75% of caregivers have attained a Careerforce qualification.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the DHB. There are twenty RNs and nine have completed interRAI training. Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). There are a number of implemented competencies for registered nurses including insulin administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, syringe driver and medication competencies. Staff training has included sessions on privacy/dignity, spirituality/counselling and social media to ensure the needs of younger residents are met.</p> <p>All RNs have either completed or are in process of completing the Fundamentals of Palliative Care education series. There has been a number of training days/sessions specifically for clinical staff including (but not limited to); Continuous Ambulatory Peritoneal Dialysis, syringe driver, Parkinson's. Two RNs have completed the Collab8 lean thinking training through the DHB. All RNs are working through their PDRP.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>An organisational staffing policy aligns with contractual requirements and includes skill mixes. The wage analysis schedule is based on the safe indicators for aged care and dementia care and the roster is determined using this as a guide. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The roster is flexible to allow for the increase in resident numbers. The care home manager and clinical manager work full time and are available during weekdays. They are supported by two unit coordinators that cover the two floors. The care home manager and clinical manager is on-call after-hours. Adequate RN cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support the RNs.</p> <p>The facility is across two levels and divided into five separate self-contained communities. On the ground floor, there are two communities (Peer and Brodie) where there are 42 residents in total. There is a unit coordinator (RN) and two RNs on duty in the morning and afternoon shifts and one RN</p>

		<p>on the night shift. The RNs are supported by six caregivers on duty in the morning and afternoon shifts and two caregivers on the night shift. On the first floor, there are three communities (Yaldhurst, Ilam and Athol) where there are 51 residents in total. There is a unit coordinator (RN) and two RNs on duty in the morning and afternoon shifts and one RN on the night shift. The RNs are supported by six caregivers on duty in the morning and afternoon shifts and two caregivers on the night shift.</p> <p>Interviews with residents and family members identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident 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. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There are policies and procedures to safely guide service provision and entry to services, including a comprehensive admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/whānau at entry. The admission agreement reviewed aligns with the service's contracts. Ten admission agreements viewed were signed, this included a letter with change of facility where residents had transferred from other Bupa sites in Christchurch to Parkstone on opening. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions (two were reviewed). All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was well documented in progress notes. The majority of residents at Parkstone had transferred internally from other Bupa facilities and there were coordinated records around the transfer on files.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. The service uses an electronic medication management system and robotic packs.</p> <p>Registered nurses, enrolled nurse and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. RNs working with residents requiring peritoneal dialysis have all completed competencies with the CDHB. Other competencies completed by RNs include insulin administration and syringe driver. The standing orders have been approved by the GPs annually. While these were signed, the current standing orders were not dated and these were followed-up and dated by the GPs during the audit.</p> <p>Three self-medicating residents in Peer unit were reviewed and all competencies and documentation were up-to-date. Three residents requiring sliding scale insulin were reviewed. All charts included records of BSLs and administered insulin (as per GP instructions).</p> <p>The medication fridges in each of the four medication rooms had temperatures recorded daily and these are within acceptable ranges. Twenty-two medication charts were reviewed across four units. Photo identification and allergy status was documented. All electronic medication charts had been reviewed by the GP at least three-monthly. Five resident charts reviewed of residents on PRN controlled drugs aligned with CD register and included reason for administration and effectiveness.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The kitchen is designed in two parts, one for cooking and one for clearing up. There is a kitchen manager and a total of five kitchen assistants and cooks. All cooks have completed food safety and three newer kitchen staff are enrolled in the unit standard. The kitchen manager and head chef is leading a Bupa quality initiative called memorable dining. Staff champions are trained in the concepts and skills necessary to bring another level of service to the resident's dining experience. The kitchen manager/head chef is one of two chefs representing Bupa competing in the NZ Senior Lifestyle cooking competitions at the end of July.</p> <p>Each wing has an open kitchenette off the dining areas. Each kitchenette includes a servery area, fridge and dishwasher. Bain maries transport the food from the main kitchen to each kitchenette.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. The national menus have been audited and approved by an external dietitian. All baking and meals are cooked on-site in the main kitchen. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food</p>

		<p>allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from bain maries are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained. A nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. These are provided to the kitchen. Advised that any changes to residents' dietary needs are communicated to the kitchen.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	FA	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency if entry were declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The facility has embedded the interRAI assessment protocols within its current documentation. Bupa assessment booklets on admission and care plan templates were comprehensively completed in the majority of resident files reviewed (link 1.3.5.2). InterRAI assessments including assessment summary, MDS comments and client summary reports were evident in printed format in all files. All files reviewed identified that risk assessments have been completed on admission and reviewed at least six-monthly as part of the evaluation and multi-disciplinary review process. Additional assessments for management of behaviour, pain, wound care and restraint were completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Care plans reviewed overall were comprehensively written and demonstrated service integration and input from allied health and specialists. Overall long-term care plans sampled identified interventions to support current medical needs and links to specialists involved in resident care. Of the 12 resident files reviewed, two hospital and two rest home care plans (including the respite) had not all been updated to include the current support needs around daily care.</p> <p>One respite file reviewed included an initial assessment and care summary. However, the care</p>

		<p>summary did not include all assessed needs.</p> <p>Residents and family members interviewed confirm they are involved in the development and review of care plans. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and overall were signed off as resolved or transferred to the long-term care plan.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Overall, the care summary and LTCPs reviewed included interventions that reflected the resident's current needs (link 1.3.5.2). When a residents' condition changes the RN initiates a GP visit or 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. Registered nurses were regularly involved in resident daily care and ongoing assessments as identified in the progress notes.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.</p> <p>Wound care folders were reviewed in all areas. Nurse Maude wound care specialists and a vascular nurse are involved in the management of a number of wounds and supporting the RNs. There are currently twelve PIs being managed across eight residents (two residents have two PIs, one resident has three PIs). Wound assessment and management plans provide a record of wound progress and these are being documented as per policy.</p> <p>Monitoring charts were well utilised at Parkstone and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the</p>	FA	<p>The service employs three activity staff including one activities coordinator and three assistants. Activities are provided across 7 days from 0900 – 1630 hrs. There is a programme per floor with extra one-on-one activities provided.</p> <p>Bupa has set activities on the programme calendar with the flexibility to add site-specific activities, entertainers and outings. Activities meet the abilities of resident groups including a programme for younger people. One-on-one time is spent with residents who are unable to or choose not to join in</p>

<p>service.</p>		<p>the group activities.</p> <p>Residents are encouraged to maintain links with the community with visits to clubs and other community groups. There are regular entertainers to the home and residents go on regular outings and drives. The service had a wheelchair hoist van. The van driver and activity staff have current first aid certificates. There is a gardening and craft group. Residents and family interviewed stated the activity programme was varied and there were lots to choose from.</p> <p>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.</p> <p>Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. The recent 2017 satisfaction survey identified 69% overall satisfaction with the programme. Corrective actions have been initiated as a follow-up.</p> <p>Parkstone has quickly become a home of choice for residents under 65 years of age. Currently 25 younger residents (under 3 different contracts) call Parkstone home. Interviews with management and the activities team identified that the service has worked hard as a team to understand the needs of a younger community in care and the activity programme has been developed in partnership with this community, and which continues to evolve. One of the activities assistants holds the portfolio for the under 65yrs community. Additional resident's meetings are held for this community, as well as three monthly meetings/education sessions with the Health and Disability Advocate. Interview with six residents (U65) including three on YPD contracts confirmed that they are supported to maintain interests in the community and meet specific activity goals.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Written evaluations reviewed described the resident's progress against the residents identified goals. InterRAI assessments have been completed in conjunction with the six-monthly reviews. Overall 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 (link 1.3.5.2). The multidisciplinary review (MDR) involves the RN, GP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. Specific goals are reviewed at this meeting with residents on YPD contracts. Residents interviewed confirmed involvement in the MDR meetings. There is at least a one or three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>
<p>Standard 1.3.9: Referral To Other</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The</p>

<p>Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed and the resident was reassessed for a higher or different level of care. Discussion with the clinical manager and RNs identified that the service has access to a wide range of support either through the GP, Bupa specialists and allied services. Files reviewed included referral to a number of services including (but not limited to) dietitian, wound care specialist, speech language therapist, palliative care and occupational therapist. Due to the number of residents with comorbidities and residents on Severe Medical Illness (SMI) contracts, there was a number of specialists involved in resident cares.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are policies and procedures on waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.</p> <p>There are documented policies, procedures and an emergency plan to respond to significant waste or hazardous substance management.</p> <p>Material safety datasheets are available in the laundry and the sluices on each floor. There is a secure sluice on each floor with a sanitiser. There is a sharps container in the treatment rooms on each floor. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The facility is purpose built and spacious. A code of compliance is in place dated 12 October 2016.</p> <p>The facility is across two levels and divided into five separate self-contained communities.</p> <p>On the ground floor there are two communities, Peer community and Brodie community. In Peer community, there are a total 21 beds. The second community on the ground floor is Brodie community. Brodie community has a total of 28 beds (with two double rooms). On the second floor, there are three self-contained communities. Yaldhurst wing has 25 beds (one double room). Athol wing has 21 rooms. There is also a smaller wing (Ilam wing) that has a total of seven premium rooms. Administration, service areas are on the ground floor. There are two lifts between floors and four staircases. The lifts are large enough for a stretcher bed.</p> <p>A maintenance person is employed for 32 hours a week. A reactive and preventative maintenance programme is being implemented. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius. There are contractors for essential service available 24/7.</p> <p>The corridors are wide with handrails and promote safe mobility with the use of mobility aids and</p>

		<p>transferring equipment. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The external areas are all landscaped. There is outdoor furniture and shaded areas. There is wheelchair access to all areas. There are two sliding doors off the two lounge/dining areas on the ground floor. The doors open into enclosed landscaped courtyards. Two wings on the first-floor open onto shaded balcony areas. There are environmental audits and building compliance audits completed as part of the internal audit programme.</p> <p>As a new care home, management advised that they wanted to ensure their grounds were inviting and enjoyable to look at. Advised that initially residents reported dissatisfaction with the landscaping that was done as part of the new build and asked for more flowers. The service employed a gardener who has redone many of the gardens (plan in process) and this incorporated a 'flowering' planting scheme. He has also worked alongside their activities staff to enable a resident gardening group to develop. This has seen the courtyard garden in the (predominantly) younger aged community move towards a sensory/edible garden with the introduction of herbs, fruit trees, strawberries etc. There are plans to plant vegetables this spring.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	FA	<p>Both floors have a mobility toilet near each of the large lounge areas. Each resident room has either a shared ensuite or single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. Shared ensuites have locks and green/red lights to identify they are occupied. The opposite door in the shared ensuite automatically locks when in use (interlocking). These can be opened if necessary by staff in an emergency.</p> <p>There is a mobility bathroom with shower bed on each floor.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Resident's rooms are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. Brodie wing has two double rooms and Yalhurst wing has one double room.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation,</p>	FA	<p>There is a spacious open plan lounge/dining area in each of the four larger communities. The smaller seven-bed Ilam community has a smaller lounge and kitchenette. Each of the four larger communities</p>

<p>And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>also have another smaller lounge available. There is a café room on the ground floor which is accessed by residents and family.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There is a laundry manual and cleaning procedures are available. All laundry is transferred off-site to Bupa Cashmere for laundering.</p> <p>There is a laundry on the ground floor that is used for incidentals. The laundry is large and has been designed to manage all laundry if needed. There are areas for storage of clean and dirty laundry.</p> <p>There is an internal audit around laundry services and environmental hygiene - cleaning completed twice each year as per internal audit schedule.</p> <p>The cleaners' cupboards are designated areas and lockable for storage of chemicals and are stored securely. Residents and relatives interviewed confirmed satisfaction with the laundry and cleaning.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Staff training in fire safety and fire drills has been completed for all staff on opening.</p> <p>There is a comprehensive civil defence manual and emergency procedure manual in place. There are civil defence kits available including spare water. Water storage tanks are also available.</p> <p>Key staff all hold a first aid certificate and there is someone on duty 24/7 with a current first aid certificate.</p> <p>The fire evacuation plan has been approved 18 October 2016. A fire drill occurred on opening and six-monthly with the last fire drill occurring on 1 June 2017. Fire safety training was held 21 February 2017.</p> <p>The facility has emergency lighting and torches. Gas BBQ and additional cylinders are available for alternative cooking. There is an emergency power-pack available for medical equipment, phones and computers. A generator can be accessed if needed.</p> <p>The call bell system is in all areas with visual display panels. The call bell system is also connected to staff pagers. This is a step-down system, so call bell response times can be monitored.</p> <p>There is a two-door entrance to the lobby. The second door into the care home locks at 6pm and unlocks at 7am. Afterhours access is by way of keypad for staff and an intercom to the nurse call</p>

		station where they can unlock the doors during this time. Anyone is free to leave at any time from the inside during afterhours, by pushing the exit button.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	The facility is appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways and lounges. There are heat control panels in individual rooms. Bathrooms have waterproof infrared heaters. There is plenty of natural light in the rooms and all have windows. Residents interviewed were happy with the temperature of their rooms.
<p>Standard 3.1: Infection control management</p> <p>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.</p>	FA	The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator is a registered nurse and she is responsible for infection control across the facility. The committee and the Bupa governing body is responsible for the development of the infection control programme and its review. The infection control programme has been established on opening. The infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, Bupa quality & risk team and Southern Laboratory. There have been no outbreaks since opening.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	There are adequate resources to implement the infection control programme at Parkstone. The infection control (IC) coordinator has maintained best practice by completing an infection control & prevention certificate. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.

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.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Orientation package includes specific training around hand hygiene and standard precautions. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice and group benchmarking.</p> <p>Infection control training is regularly held, including (but not limited to) food safety December 2015, hand hygiene (April 2017), outbreak management (April 2017), and infection prevention & control (July 2017).</p> <p>A number of toolbox talks have been provided including (but not limited to) minimising wound infections.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>There is close liaison with the general practitioners that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff.</p> <p>Infections statistics are included for benchmarking. Corrective actions are established where trends are identified (eg, wound infections were above the benchmark in Feb/Mar 2017 and a corrective action was developed). Wound infections were below the benchmark May/June 2017.</p>
Standard 2.1.1: Restraint minimisation	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Interviews with the staff confirm their understanding of restraints and enablers. At</p>

Services demonstrate that the use of restraint is actively minimised.		the time of the audit, the service had 10 residents using restraints (nine bedrails and one lap belt) and 10 residents with bedrails as an enabler. Staff training has been provided around restraint minimisation and management of challenging behaviours.
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 approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	A restraint assessment tool is completed for residents requiring an approved restraint for safety. Suitably qualified and skilled staff, in partnership with the resident and their family/whānau, undertake assessments. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. Ongoing consultation with the resident and family/whānau are evident. The files for three residents using restraint and one resident using an enabler were reviewed. The completed assessment considered those listed in 2.2.2.1 (a) - (h). Falls risk assessments are completed six-monthly and interRAI assessment identifies risk and need for restraint.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. The approval process includes ensuring the environment is appropriate and safe. Assessments and care plans identify specific interventions or strategies to try (as appropriate) before restraint is used. The care plan reviewed of three residents with restraint, identified observations and monitoring. Restraint use is reviewed through the three-monthly assessment evaluation, monthly restraint meetings and six-monthly multidisciplinary meeting which includes family/whānau input. A restraint register is in place, providing a record of restraint use and is completed for residents requiring restraints and enablers.
Standard 2.2.4: Evaluation	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluation has occurred

<p>Services evaluate all episodes of restraint.</p>		<p>three-monthly as part of the ongoing reassessment for the residents on the restraint register and as part of their care plan review. Evaluation timeframes are determined by risk levels.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Individual approved restraint is reviewed at least monthly through the restraint meeting and as part of the internal audit programme. Restraint usage throughout the organisation is also monitored regularly and is benchmarked. Review of this use across the group is discussed at the regional restraint approval group teleconference meeting and information is disseminated throughout the organisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by</p>	PA Low	<p>Twelve resident files were reviewed for this audit (the number of files was increased due to the number of different contracts residents were under). Within the sample there were seven hospital (two ARC, one end of life contract, one LTSCH contract, one younger person on SMI contract and two YPD on disability contracts) and five rest home residents including (one respite and one YPD resident on a disability contract).</p>	<p>The following shortfalls were identified in the files reviewed. (i) The rest home respite care plan lacked interventions to support all current needs as identified in the initial assessment (ie, confusion and hearing). (ii) The care plan for one hospital resident with a change in mobility stated 'to follow the transfer plan, however the transfer plan had not been updated. (iii) One rest home resident did not speak English and the care plan did not reflect interventions to address the management of the communication issues. (iv) A STCP was in place for a hospital resident (on a LTSCH contract) with changing diabetic status April 2017 that remains an ongoing issue. This has not been transferred to the LTCP. Interviews with caregivers and registered nurses supported knowledge around current care and support required for these three residents and therefore the risk has been identified as low.</p>	<p>Ensure care plans are updated to include interventions to support all current needs.</p> <p>90 days</p>

<p>the ongoing assessment process.</p>		<p>One hospital resident file reviewed (on end of life contract) had a care summary, LTCP and a specific end of life care plan completed that included interventions to support assessed needs. One hospital resident on a SMI contract reviewed included specific interventions to address current medical issues and identified risks.</p> <p>Three YPD files reviewed were resident-centred, including interventions to support ADLs and medical needs. The care plan also identified specific goals around activities and community involvement. Resident-centred goals were reviewed at the multi-disciplinary review (MDR) meetings with the residents.</p> <p>Of the 12 resident files reviewed, two hospital and two rest home care plans (including the respite) had not all been updated to include the current interventions to support all daily cares.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.