

# Bupa Care Services NZ Limited - Remuera Care Home

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## 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:

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| <b>Legal entity:</b>  | Bupa Care Services NZ Limited  |
| <b>Premises audited:</b>  | Remuera Care Home  |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| <b>Dates of audit:</b>  | Start date: 28 March 2019 End date: 29 March 2019  |
| <b>Proposed changes to current services (if any):</b>   | None   |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 42   |

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

| 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

Remuera Care Home is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 44 residents. On the day of audit, there were 42 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 care home manager has been in the role for 5 years and is an experienced Bupa manager. The manager is supported by a clinical manager.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Remuera. 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.

A continued improvement rating has been awarded around infection control.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |
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Staff endeavour to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Code of Health and Disability Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with the resident's representative. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns are managed, and a complaints register is maintained.

## Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |
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The care home manager is supported by an experienced clinical manager, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Resident and family meetings are held, and annual satisfaction surveys are completed. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. An education and training programme is established with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate cover for the effective delivery of care and support.

## Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Standards applicable to this service fully attained. |
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The residents and families interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. A sampling of residents' clinical files included interRAI assessments and care plans for all 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. Planned activities are appropriate to the group setting. The residents and families interviewed confirmed satisfaction with the activities programme.

There is a robust medication process and staff responsible for medication management had current medication competencies. 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. There is a large well-equipped kitchen and the kitchen manager/chef oversees provision of the food service. All kitchen staff have completed food safety training.

## Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Standards applicable to this service fully attained. |
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The service provider's documentation evidences appropriate (reactive and planned maintenance) systems are in place to ensure the residents' physical environment and facility is maintained. There are waste management policies and procedures for the safe

disposal of waste and hazardous substances including sharps. Chemicals were stored safely throughout the facility and there is appropriate protective equipment and clothing for staff. Material safety datasheets are available. All resident rooms are spacious and single with ensuites.

Housekeeping staff maintain a clean and tidy environment. All linen is laundered off-site at another Bupa facility. There is a system in place to manage soiled linen appropriately and safely. The facility is appropriately heated and ventilated. There is an approved evacuation scheme and emergency supplies for three plus days. At least one first aid trained staff member is on duty always.

The service is in the process of renovations, there are hazard management plans in place for both the work sites and for clinical aspects of safety.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |
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There is a regional restraint group at an organisation level, which reviews restraint practices. The quality committee is also responsible for restraint review and use. The restraint policy includes comprehensive restraint procedures. The clinical manager is the restraint coordinator. Bupa Remuera continues to maintain their restraint free status. There are no residents using enablers. Care staff interviewed were knowledgeable and had received ongoing training on the management of challenging behaviour and 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.

All standards applicable to this service fully attained with some standards exceeded.

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 officer (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 officer 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) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| <b>Standards</b>  | 1                           | 45                  | 0  | 0                                    | 0  | 0                                      | 0  |
| <b>Criteria</b>   | 1                           | 92                  | 0  | 0                                    | 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) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| <b>Standards</b>  | 0  | 0                            | 0                                      | 0                              | 0                                      |
| <b>Criteria</b>   | 0  | 0                            | 0                                      | 0                              | 0                                      |



# Attainment against the Health and Disability Services Standards

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

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

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

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

| Standard with desired outcome   | Attainment Rating | Audit Evidence  |
|---|-------------------|---|
| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>  | FA                | <p>The service has a range of policies and procedures to ensure that resident's rights are protected. Staff interviewed (six caregivers, two registered nurses, and the diversional therapist) were aware of consumers' rights and were able to describe how they incorporated consumer rights within their service delivery. Six residents (three rest home and three hospital) and seven family members (four hospital and three rest home) were complimentary regarding the way the service respects residents' rights.</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>Informed consent processes are discussed with residents and families on admission. There is evidence of discussion with family when the GP has completed a clinically indicated not for resuscitation order. Caregivers and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Family members are involved in decisions that affect their relative's lives. All resident files reviewed had a signed admission agreement signed either on or before the day of admission and consents.</p> |

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| <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>       | <p>FA</p> | <p>There is a policy that describes the role of advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer and includes advocacy contact details. The information pack provided to family/whānau/EPOA at the time of entry to the service provides family with advocacy information. Advocacy support is available. Interviews with staff, and relatives confirmed that they are aware of advocacy services and how to access an advocate. The complaints process includes informing the complainant of their right to contact an advocacy service for support.</p>   |
| <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> | <p>FA</p> | <p>The activity programme contains links to the local community including local churches; volunteers; nearby schools; entertainers; and cultural groups. Interview with staff and families confirmed that residents are supported as able, to maintain their previous interests. Visiting can occur at any time.</p>   |
| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>                                 | <p>FA</p> | <p>The complaints policy describes the management of the complaints process. There are complaint forms available. Information about complaints is provided on admission. A suggestions box is held at reception. Interviews with residents and families demonstrated their understanding of the complaints process. All staff were able to describe the process around reporting complaints.</p> <p>A complaints register is being maintained. There have been no complaints lodged for 2019 year-to-date. Two complaints were lodged in 2018 and one in 2017 have been entered into an electronic system.</p> <p>All complaints include evidence of an investigation, corrective actions (where indicated) and resolutions. Complaints are linked to the quality and risk management system. Discussions with relatives confirmed that issues are addressed promptly and that they feel comfortable to bring up any concerns.</p> |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>  | <p>FA</p> | <p>There are posters displaying the Code. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the care home manager or clinical manager discuss the Code with family/whānau/EPOA. Information relating to the Code is given in the information pack to the next of kin or enduring power of attorney (EPOA) to read and discuss.</p> <p>Combined resident and family meetings are currently held at least monthly while refurbishments are in progress and provide residents and relatives an opportunity to discuss any concerns.</p>   |

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| <p>Standard 1.1.3:<br/>Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>                       | <p>FA</p> | <p>The service has policies which align with requirements of the Privacy Act and Health Information Privacy Code. Individual preferences are identified during the admission and care planning process with family involvement.</p> <p>All staff receive the code of conduct on employment, which includes respect for residents and the service vision includes respect and independence. Staff were observed respecting residents' privacy, for example, knocking on doors and referring to residents by their preferred names. Care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. The service encourages residents to have choice where able, such as voluntary participation in daily activities.</p> <p>Family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an implemented abuse and neglect policy and staff have completed training.</p> |
| <p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p> | <p>FA</p> | <p>The service has established Māori cultural policies to help meet the cultural needs of Māori residents. Bupa has developed Māori Tikanga best practice guidelines. The service has established links with Ngatia Whateu, Auckland city Marae and are able to utilise the kaumātua for blessings and maintaining other Māori values as required by staff, residents and family members. Staff training includes cultural safety. A cultural assessment is completed during the resident's entry to the service. There are no current residents who identify as Māori. Cultural needs are identified in resident's care plan.</p>   |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>           | <p>FA</p> | <p>The service has established cultural policies aimed at helping to meet the cultural needs of the residents. Relatives interviewed reported that they are satisfied that the residents' cultural and individual values are being met. Information gathered during assessment including residents' cultural beliefs and values, is used to develop a care plan, which their family/whānau are asked to consult on. Discussions with staff, (six caregivers, two registered nurses, and a diversional therapist) confirmed that they are aware of the need to respond to the cultural needs of the residents. The manager identified occasions where flip charts had been developed to assist with communication with Chinese residents.</p>   |

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| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>              | <p>FA</p> | <p>A staff code of conduct is discussed during the new employee's orientation to the service and is signed by the new employee (sighted in all six employees' files audited). Professional boundaries are defined in job descriptions. Interviews with staff 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.</p>  |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>  | <p>FA</p> | <p>Bupa Remuera on the day of audit was awarded the Bupa care home of the year top award. Evidence-based practice was evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, twenty-four hours a day. The service receives support from the district health board which includes visits from specialists (eg, wound care and mental health), staff education and training. A contracted GP visits the service twice weekly and provides after hours on-call cover. A mental health nurse specialist and dietitian visits the facility regularly and as required. Physiotherapy services are provided for 10 hours per week. There is an education and training programme for staff that includes in-service training, impromptu training (toolbox talks) and competency assessments. Podiatry services and hairdressing services are provided. The service has links with the local community, which includes (but is not limited to) advocacy and entertainers.</p> <p>The service identified improvements were required around wound care documentation and developed and implemented a new wound management audit tool. This was approved at head office level and made available to other facilities. The audit tool includes checks to ensure dressing evaluations align with the resident's care plan, and to check all aspects of assessment monitoring and evaluation are fully documented. The audit tool has been implemented at least monthly for 2019 and has led to early identification of areas or non-compliance and provision of toolbox and external education (noting the audit tool being implemented is yet to be approved by head office).</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>On admission, all residents are provided with an information pack, which gives a comprehensive range of information regarding the scope of service provided to the resident and their family/whānau.</p> <p>Regular contact is maintained with family including if an incident or care/health issue arises. This was evidenced in ten incident forms reviewed from across the service.</p> <p>There are bimonthly family and residents' meetings where any issues or concerns to residents are able to be discussed. Meetings have included comprehensive information on the refurbishment process and the likely impact to residents and their families.</p> <p>The service has policies and procedures available to enable access to DHB interpreter services and</p>  |

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|   |           | <p>residents (and family/whānau), are provided with this information in resident information packs.</p> <p>Family members interviewed stated they were well informed and involved in residents' care and appreciated the regular updates on the building upgrades.</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>Bupa Remuera provides hospital and rest home care for up to 44 residents, however, one bed has been decommissioned from use and used as temporary office and storage space while renovations are in progress. Bupa Remuera is a two-storey building with hospital and rest home services being provided on the ground floor and rest home care on the first floor. On the day of audit there were 42 residents including 17 rest home level residents and 25 hospital level residents. In the two downstairs units (dual-purpose), there were 17 hospital and four rest home residents including one resident under an ACC contract. There were 21 residents in the two upstairs rest home units.</p> <p>Remuera Care Home is part of the Northern two Bupa region. The managers from this region have three forums a year where progress and problems are discussed. Weekly teleconferences and an annual all of Bupa forum, ensures continuity of service alignment and progression of business objectives. The care home manager provides a weekly report to the Bupa operations manager.</p> <p>A quarterly report is prepared by the care home manager and sent to the Bupa continuous service improvement (CSI) team on the progress and actions that have been taken to achieve service quality goals.</p> <p>Bupa has robust quality and risk management systems implemented across its facilities. Benchmarking of specific key clinical and staff incident data is carried out with facilities in the UK, Spain and Australia, (eg, mortality and pressure incidence rates and staff accident and injury rates). Benchmarking of some key indicators with other NZ providers is also in place.</p> <p>The service is managed by a care home manager who has been in the role at Remuera for five years, she is also a registered nurse and has worked in Bupa aged care management for over seven years. The clinical manager has been in the role for three years and worked with Bupa for six years. The management team is supported by the wider Bupa management team including a regional operations manager. On the day of audit, the manager attended a presentation and was awarded the Bupa care home of the year award. The certificate of achievement will be displayed in the foyer.</p> <p>Staff and family interviewed, praised the management team and spoke highly of the leadership and guidance that is provided to staff and support to family members.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.</p> |

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| <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> | <p>FA</p> | <p>In the absence of the care home manager, the clinical manager is in charge. For extended absences, a Bupa relieving care home manager is rostered.</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>                         | <p>FA</p> | <p>A quality and risk management programme is in place. Interviews with the managers and staff confirmed their understanding of the quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. All policies and procedures within Bupa are now digital and available in an on-line system known as BMS. New policies or changes to policy are communicated to staff at meetings, as evidenced in meeting minutes and by text. All staff are required to read and sign as confirmation they are aware of the updates.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, a facility health check is conducted six-monthly. Data collected (eg, falls, medication errors, wounds, skin tears, pressure injuries, complaints and challenging behaviours) are collated and analysed for each resident involved. Quality data and results are documented in the quality and staff meetings and communicated to staff. Corrective actions are implemented where opportunities for improvements are identified. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented.</p> <p>The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. Bupa belongs to the ACC Partnership programme and have attained tertiary level at audit. A level three trained health and safety representative (CG) is the health and safety officer. There are also elected health and safety representatives including the care home manager. The health and safety committee meet two monthly and are representative of each department. Additional supports have been implemented during the current refurbishment programme. Twice daily walk throughs during the renovations with the care home manager and health and safety representative (CG) and maintenance staff promote early identification of potential hazards. All hazards are entered into Riskman and actioned to isolate or eliminate. A hazard register is displayed at the front entrance. Staff undergo annual health and safety training which begins during their orientation. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed.</p> |

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|   |    | Strategies are implemented to reduce the number of falls. Caregiver interviews confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.   |
| <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> | FA | <p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff. Adverse events are trended and analysed with results communicated to staff. A sample of ten documented incidents confirmed that clinical follow-up of residents is conducted by a RN and witnessed falls include neurological observations.</p> <p>Discussion with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided. There has been one section 31 completed since last audit as a result of a police attendance for an absconding resident. The DHB were advised of a water supply disruption in May 2018.</p>  |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>   | FA | <p>There are human resources management policies in place, which include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are retained. Six staff files reviewed (two caregivers, one clinical manager, one RN, one cook and one diversional therapist) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. Caregivers complete an aged care education programme as part of their induction, which meets the New Zealand Quality Authority (NZQSA) requirements. There is an on-site Careerforce assessor and unit 167 trainer facilitating high standards of achievement. There are 18 caregivers employed and all staff have NZQA level two, six have level three and five have level four certificate in health and wellbeing. All senior caregivers have a current first aid certificate.</p> <p>Bupa has a comprehensive annual education schedule. All staff are encouraged to attend all available education sessions. Remuera identified increased attendance was required and developed a plan to encourage attendance and improve staff motivation to attend educational opportunities. As part of this plan management implemented compulsory group training twice a year and invited outside speakers. Bupa Remuera also developed RN and caregiver expertise to deliver ongoing education. Staff were sent a text reminder the day before planned education sessions. Visually appealing posters were posted, advertising education sessions. Spot prizes are awarded to attendees and all staff receive a certificate of attendance. Two champions have attended external training for moving and handling and are available to support staff during rostered shifts. There has been an overall increase in staff attendance and on interview care staff</p> |

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|   |           | <p>stated they enjoyed and benefited from the education provided. The education programme being implemented includes in-service training, competency assessments, impromptu toolbox talks and study days. Nine care staff attended a residential care study day hosted by the ADHB</p> <p>All caregivers are registered to complete their foundation skills in health and social well-being on employment and are assisted to complete within three months of employment.</p> <p>The activities coordinator has completed her diversional therapy certificate and the annual NZDTS conference. The activities assistant has completed her occupational therapy degree.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed their food safety training on-site. Chemical safety training is included in staff orientation and as a regular in-service topic.</p> <p>RNs are in the process of completing their professional development recognition portfolio (PDRP). Four of six RNs have completed interRAI training. All RNs maintain up-to-date practice attending in house education at least one session per month. Staff also deliver education to non-qualified staff as part of their own development.</p> <p>Remuera celebrates an employee of the month and as part of the smile programme arrange health and wellbeing initiatives such as massages, shared cultural meals and pizza lunches. Team building is an integral part of employee management and caregivers' days and registered nurse days.</p> <p>The care home manager has attended in excess of eight age related management trainings in the last year. The clinical manager has completed a clinical leadership course and attends regional in-house forums and external DHB training.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>A staff rationale and skill mix policy is in place. Both the care home manager and clinical manager work full-time Monday-Friday and provide on call cover on a rotational weekly basis.</p> <p>A RN is rostered on each shift, based in the hospital wings and provides cover for all areas. There are two wings on the ground floor (Hobson and Oraki with 12 dual purpose beds between them) and two rest home wings upstairs (Upland and Victoria).</p> <p>Care staff by unit is as follows;</p> <p>Hobson (seven hospital and two rest home residents): Morning shift is covered by two caregivers (one short and one long). There are two caregivers on afternoon (one short and one long) and one caregiver on night shift.</p> <p>Oraki (ten hospital and two rest home residents): There is one full shift caregiver on mornings and</p>  |



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|   |    | <p>afternoons, supported as required, by staff from Hobson.</p> <p>Upland (13 rest home residents): There is one full shift caregiver on mornings and afternoons, supported as required, by staff from Victoria.</p> <p>Victoria (eight rest home residents): There is one caregiver on a full morning shift. The afternoon shift is covered by one caregiver working between Upland and Victoria.</p> <p>Night shift is covered by the RN and two caregivers with one caregiver based upstairs and one downstairs. Interviews with staff and family members identified 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 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. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant caregiver or RN. Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts are stored on the electronic medication management system.</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>Admission policies and processes are documented. Prior to entry all potential residents have a needs assessment completed by the needs assessment and coordination service to assess suitability for entry to the service. Residents receive an information pack outlining the services able to be provided, the admission process and entry to the service.</p> <p>Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the care home manager or clinical manager. Signed admission agreements were sighted in all seven resident files reviewed (three rest home, and four hospital level, including one resident funded through ACC).</p>   |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or</p>  | FA | <p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives are notified if transfers occur.</p>  |

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| transfer from services.   |    |  |
| <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>        | FA | <p>The service has a robust medication management system, policies and procedures in place. Regular internal audits are undertaken to ensure compliance. Prescribed medications are delivered to the facility and checked on entry by the RN. Medications were appropriately stored. The fridge temperatures are conducted and recorded daily. All staff (RNs and senior caregivers) authorised to administer medicines, have current competencies. There is an electronic medication management system in place for most residents, four residents (one hospital and three rest home) have paper based medication charts. These medication charts were all appropriately documented, signed and legible. Signing sheets were up to date and reflected the medication charts.</p> <p>All staff administering medications had completed training for the electronic system. A medication round was observed and evidenced good practice according to policy. Administration records are maintained, as are staff specimen signatures. One resident who self-administers medications in the rest home had an assessment and consent and lockable storage.</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> | FA | <p>All food and baking is prepared and cooked on-site. Staff have been trained in food safety and chemical safety. There is an organisational four weekly seasonal menu that had been designed in consultation with the dietitian at an organisational level. The food control plan verification expires September 2019. The kitchen is informed of any dietary changes. Resident likes, dislikes and dietary preferences were known. Alternative foods are offered. Cultural, religious and food allergies are accommodated. Special diets such as gluten free, dairy free, diabetic desserts and pureed/soft diets are provided.</p> <p>Freezer, chiller temperatures and end cooked temperatures are taken and recorded daily. Corrective actions are in place and sighted for any issues. Chilled goods temperature is checked on delivery. Twice daily food temperatures are monitored and recorded. All foods were date labelled. A cleaning schedule is maintained. Kitchen staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents have the opportunity to provide feedback on the meals through resident meetings, survey and direct contact with the kitchen manager or cooks. Residents and families interviewed were overall happy with the meals provided.</p> <p>Meals were observed; staff were observed assisting residents as needed and meals were nicely served and of an appropriate temperature.</p> |
| <p>Standard 1.3.2: Declining Referral/Entry To Services</p>   | FA | <p>The service records the reasons for declining service entry to residents should this occur and communicates this to residents/family/whānau. Anyone declined entry is referred to the needs assessment</p>  |

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| 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. |    | service or referring agency for appropriate placement and advice.   |
| Standard 1.3.4: Assessment<br>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.                               | FA | Risk assessments and care plans were completed and were detailed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in all long-term resident files. All seven resident files reviewed identified that the Bupa risk assessment book had been completed on admission and ongoing interRAI based assessments completed six-monthly as part of the evaluation. Additional assessments for management of behaviour, pain and wound care were appropriately completed according to need.   |
| Standard 1.3.5: Planning<br>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.                       | FA | All resident care plans sampled were resident centred. Family members interviewed confirmed care delivery and support by staff is consistent with their expectations and they and/or the resident are involved in the care planning and review process. The interRAI assessment process along with paper-based assessments as needed, caregiver feedback, family comments, GP notes and allied health notes inform the development of the resident's care plan. Short-term care plans are in use for changes in health status, are signed off once completed or transferred to the long-term care plan.<br><br>Caregivers interviewed reported they accessed the resident file to review care plans and write progress notes and they found the care plans easy to follow. Specific care plans were implemented for specific health needs.  |
| Standard 1.3.6: Service Delivery/Interventions<br>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Registered nurses and caregivers, follow the care plan in the resident file and report progress against the care plan at handovers. If external nursing or allied health advice is required, the RNs will initiate a referral (district nurse, hospice nurse, mental health or other specialist nurses). If external medical advice is required, this will be actioned by the GP. Caregivers and RNs interviewed stated there is adequate equipment provided, including continence and wound care supplies. Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described. Wound care plans, behaviour plans, pain management and specific resident plans (bowel management) were evident.<br><br>The service maintains a wound log and folder. There were eleven wounds logged including one stage one |

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|   |    | <p>pressure injury. Wound management plans were fully documented for all current wounds; wound re-assessment and rationale for when changes were made to the wound plan were fully documented with each dressing change. All wounds have been assessed and reviewed in appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the DHB wound care nurse specialist if required. Interviews with registered nurses and caregivers demonstrated an understanding of the individualised needs of residents.</p> <p>Monitoring charts were being completed as directed by the care plans reviewed.</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 service.</p> | FA | <p>The activities team includes an activities coordinator (a trained diversional therapist) who plans and oversees the activities programme provided across seven days per week. A physiotherapy assistant assists with walking and exercise groups.</p> <p>There is a monthly programme with a range of activities offered that are age appropriate. Many activities are integrated such as entertainment, as observed on the day of audit. Variations to the group programme are made known to the residents. The programme covers physical, cognitive, social and spiritual needs. There are regular visiting entertainers and community groups. Activities provided are meaningful and include (but are not limited to): newspaper reading, current affairs, reminiscing, crafts and quizzes. There are weekly van outings into the community areas of interest for residents including vans trips for residents.</p> <p>The service activities have increased the activities staff with the inclusion of a physiotherapist assistant. This has enabled the service to increase exercises and strengthening related activities as part of the fall prevention programme.</p> <p>A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six-monthly. Recreational preferences are age appropriate and meet the individual needs for aged care.</p> <p>The service receives feedback on activities through one-on-one feedback, resident's meetings and surveys. Families and residents interviewed praised the activity programme.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>  | FA | <p>All initial care plans were evaluated by the RN within three weeks of admission. Care plans reviewed had been evaluated by registered nurses six-monthly, or when changes to care occurred. Written evaluations describe the residents progress against the residents (as appropriate) identified goals. Care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The GP reviews residents at least three-monthly or when there is a change in health status. The family members interviewed confirmed they are invited to attend the GP visits and multidisciplinary care</p>   |

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|   |    | plan reviews.  |
| <p>Standard 1.3.9: Referral To Other 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> | FA | <p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The GP interviewed stated that referrals were competent, timely and included all the detail needed to assist him.</p> <p>The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. Discussions with registered nurses identified that the facility has direct access to services including DHB nurse specialists, podiatrist and physiotherapy (contracted) services.</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>                      | FA | <p>There are clear policies that include chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and the appropriate staff has attended chemical safety training. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas in all areas. Safety data sheets and product sheets are available. Sharps containers are available. The hazard register identifies hazardous substances and staff indicated a clear understanding of processes and protocols. Gloves, aprons and goggles are available for staff.</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>  | FA | <p>The building holds a current warrant of fitness which expires on 25 June 2019. Fire equipment is checked by an external provider. Electrical equipment has been tested and tagged annually. Hoists and scales have been tested and tagged annually. Reactive and preventative maintenance occurs. The standard Bupa planned maintenance programme is in place. Hot water temperatures have been monitored monthly in resident areas and were within the acceptable range. All hallways are wide and promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. There are small outdoor areas with seating and shade. There is wheelchair access to all areas. The facility has a van available for transportation of residents. Staff transporting residents have current first aid certificates. In the facility, residents are able to bring in their own possessions and are able to personalise their room as they wish.</p> <p>The service is currently in the process of extensive renovations this includes creation of new offices, sluice,</p> |

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|   |    | upgrade to kitchen, a new call bell system and redecorating. At the time of audit this caused a degree of temporary upheaval including the upstairs lounge partially cordoned off, and limited access to corridors. The service has a construction site hazard register and safe working sites, there is also a resident and clinically focussed hazard management plan in place. The manager and staff conduct daily updates to ensure all staff are aware of the safety issues, there are weekly emails to families and at least twice daily management walk rounds to ensure a safe clinical environment. |
| <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 | All bedrooms have ensuites including four double rooms with shared ensuites. The hospital ensuites are large and accommodate shower chairs and hoists. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Visitor and staff toilets are available.  |
| <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 | All residents' rooms are large with ample room to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents' rooms in all other areas are larger. The lounge areas are spacious and can be used for activities and small groups as well as for private social interaction. Residents requiring transportation between rooms or services are able to be moved safely from one area to another. Staff interviewed reported that they have ample space to provide care to residents.   |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>  | FA | Activities occur in the lounge areas. The lounges are large enough to not impact on other residents who are not involved in activities. Seating and space can be arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety.   |

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| <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>               | FA | <p>All linen is laundered off-site at another Bupa facility. The laundry is small but well organised and is divided into a “dirty” and “clean” area. Staff interviewed stated that they manage the workload adequately. There is a comprehensive laundry and cleaning manual. Cleaning and laundry services are monitored through the internal auditing system and the resident satisfaction surveys. The cleaners’ trolleys were attended at all times or locked away in the cleaning rooms as sighted on the day of the audit. There is a sluice room on the ground floor for the disposal of soiled materials and waste. This and the laundry are kept locked when not in use.</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>  | FA | <p>Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation plan (letter dated August 2005). Fire evacuations are held six monthly. There is one booked for this month. There is a civil defence and emergency plan in place. The facility is well prepared for emergencies and has emergency lighting, a store of water and gas barbeques for alternative cooking. The maintenance person stated that a generator would be hired if required. Emergency food supplies for three days are kept in the kitchen. At least three days stock of other products such as continence products and personal protective equipment are kept. There is a first aid kit. There is a first aid certificated staff member on each shift. The call bell system is available in all areas and residents were observed to have easy access to this and stated that their bells were answered in a timely manner. Outside doors are locked at dusk, there is security lighting and there are security guards who patrol randomly at night.</p> |
| <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 | <p>The facility has sufficient natural light. There are electric panel heaters in all rooms and hallways. Smoking is only allowed outside on one designated ‘smoking’ balcony. Apart from this the facility and grounds are a smoke-free area.</p>  |
| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers,</p>  | FA | <p>The infection control programme is appropriate for the size and complexity of the service. The scope of the infection control programme policy and infection control programme description is available. The infection control officer is an RN. There is a job description for the infection control (IC) officer and clearly defined guidelines. The infection control programme is linked into the quality management programme. The Infection Control Committee meets as part of the health and safety meetings. The quality meetings reviewed also include a discussion of infection control matters. The IC programme is reviewed annually</p>   |

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| <p>and visitors. This shall be appropriate to the size and scope of the service.</p>   |           | <p>through the Bupa North and South Island infection control teams. Annual quality and infection control goals are set at the beginning of the year. The facility has developed links with the GPs, local laboratory and the infection control and public health departments.</p>  |
| <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>  | <p>FA</p> | <p>There are adequate resources to implement the infection control programme. The infection control (IC) officer has completed external infection control education. The infection control team is representative of the facility. They meet to discuss infection rates, education and internal audit outcomes. The facility also has access to an infection control nurse specialist, public health, GPs and expertise within the organisation.</p> <p>Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p> |
| <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 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> | <p>FA</p> | <p>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.</p>  |
| <p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and</p>   | <p>FA</p> | <p>The facility is committed to the ongoing education of staff and residents. Education is facilitated by the infection control officer supported by the clinical manager who have both completed training to ensure knowledge of current practice. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Information is provided to residents and visitors that are appropriate to their needs and this was documented in medical records. Education around infection</p>   |



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| consumers.  |    | prevention and control has been provided.   |
| <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> | CI | <p>The surveillance policy describes the purpose and methodology for the surveillance of infections. The IC officer uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. This is kept as part of the resident files.</p> <p>Infections are included on a monthly register and a monthly report is completed by the IC officer with this tabled at relevant meetings. Infection control data is collated monthly and reported at the quality and infection control meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. Internal infection control audits also assist the service in evaluating infection control needs. 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>Bupa Remuera has an ongoing goal to achieve the lowest infection rates possible for residents. The infection control officer actively analyses all infection control data and works closely with staff (as reported by the caregivers and evidenced in meeting minutes) to reduce rates. Initiatives have included introducing a variety of fluid options as the resident's drink more when a fluid option they enjoy is offered, thereby reducing UTIs. These interventions and active addressing of individual trends means Bupa Remuera has consistently maintained a low UTI infection rate over the last 12 months.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>  | FA | <p>There is a regional restraint group at an organisation level, which reviews restraint practices. The quality committee is also 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. The clinical manager is the restraint coordinator. Bupa Remuera continues to maintain their restraint free status. There are no residents using enablers. Care staff interviewed were knowledgeable and had received ongoing training on the management of challenging behaviour and restraint.</p>   |
| <p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>  | FA | Click here to enter text  |

## Specific results for criterion where corrective actions are required

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

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

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

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## 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.

| Criterion with desired outcome  | Attainment Rating | Audit Evidence   | Audit Finding  |
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| Criterion 3.5.7<br>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely | CI                | Bupa Remuera has an ongoing goal to achieve the lowest infection rates possible for residents. The infection control coordinator actively analyses all infection control data and works closely with staff (as reported by the caregivers and evidenced in meeting minutes) to reduce rates. Initiatives have been implemented and Bupa Remuera has consistently remained below the Bupa benchmark for all infections, except for chest infections during a respiratory outbreak in winter 2016. | The service implemented a urinary tract infection reduction programme during 2017, in response to a high number of recorded UTIs in 2016. The programme focused on identifying strategies for the reduction of urinary infections. Strategies included; staff education including the development of a UTI management flow chart in conjunction with the GP and introduction of an additional fluid round with a choice of drinks including attractively presented milk drinks. Drinks were made to look attractive by adding fresh fruit and ice mints etc. Milk drinks were presented with chocolate and cherries. High risk residents were identified and reassessment of toileting regimes, hygiene practises and fluid intake were initiated. Individual care plans were reviewed around hydration and nutritional needs. Urinary infections were discussed during handovers, and at staff and infection control meetings. Daily crosses of care were implemented where staff could see at a glance who had a UTI and when it developed.<br><br>A 7% decrease in UTI rates has been documented for 2017 and a further 40% decrease for 2018. Fifty percent of residents were surveyed for feedback on the afternoon fluid round with 100% positive response with many residents |

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| manner. |  |  | commenting on the varied choices available. The service is continuing to focus on both staff and resident education and maintaining or further reducing the UTI incidence. |
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End of the report.