

Bupa Care Services NZ Limited - Redwood Home & Hospital

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Redwood Home & Hospital

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

Dates of audit: Start date: 22 August 2019 End date: 23 August 2019

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 79

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Redwood provides rest home, hospital, dementia, and psychogeriatric levels of care for up to 82 residents. During the audit, there were 79 residents.

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

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 Redwood. 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.

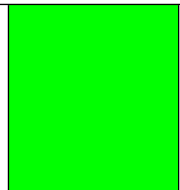
The service has made a number of environmental improvements and refurbishments since previous audit.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse).

This certification audit did not identify any shortfalls.


The service is commended for achieving a continuous improvement rating awarded around staff training.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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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 day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and

risk management programme is embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

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

Registered nursing cover is provided 24 hours a day, 7 days a week. The integrated residents' files are appropriate to the service type.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is an admission pack that provides information on all levels of care. Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident, and goal orientated. Care plans are reviewed every six months or earlier if required. Files reviewed identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months.

The activities team implements the activity programme to meet the individual needs, preferences and abilities of the resident groups. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations. Activities are focused on meaningful and sensory activities in the dementia care and psychogeriatric units.

Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three monthly by the general practitioner.

All meals are provided on site. There is a current food control plan in place. Resident dietary needs are met, and alternative foods offered for dislikes. There are nutritious snacks available 24 hours.

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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The building has a current warrant of fitness and emergency evacuation plan in place. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. Cleaning and laundry services are well monitored through the internal auditing system. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas in each wing. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible and secure for the wings that require this. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster.

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.

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. At the time of audit, there were three residents requiring handholding restraint and two residents with enablers. Assessments and consents were completed for the enablers. The service has an approval process 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. Restraint use is reviewed through the three-monthly evaluation, monthly restraint meetings and six-monthly multidisciplinary meeting, which includes family/whānau input.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control 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	50	0	0	0	0	0
Criteria	1	100	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. The policy relating to the Code is implemented and staff could 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 staff (five registered nurses from across each of the units, five caregivers, from across each of the units, three laundry staff, one housekeeper, two cooks, three activity staff, one maintenance person and the clinical manager) reflected their understanding of the key principles of the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed	FA	The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident on all nine resident files reviewed (three hospital including one young person with a disability, two rest home including one respite, two dementia and two psychogeriatric). There was evidence of general practitioner (GP) completed and signed clinically not indicated resuscitation status. General consent forms were evident on files reviewed. Family discussions were evident in the whānau contact form and progress notes. Discussions with registered nurses and caregivers confirmed that they are familiar with the requirements to obtain informed consent for personal care, entering rooms and so on.

consent.		All long-term resident files had signed admission agreements. The EPOA had been activated in the files reviewed of dementia care and psychogeriatric care residents. The respite care resident had a short-term admission agreement.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Information about the national Health and Disability Advocacy service is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services were available at the entrance to the facility in three languages. 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 (July 2019).
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community 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 forums are held monthly with monthly newsletters sent to family and residents. The recent and ongoing upgrades to the dementia units have been communicated with family with regular letters and additional family meetings to ensure they are fully aware of the plans and progress.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager using a complaints' register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at reception.</p> <p>Four complaints were reviewed in their entirety and reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken.</p> <p>The service is in the process of investigating a serious complaint of abuse. This audit did not evidence any abuse. The DHB has been informed and have been supporting the service with family meetings. Both resident files were reviewed for this complaint and both evidenced in-depth care plans that reflected all assessed needs as well as the stated preferences of the family. Specialist input into care was documented and reflected in care plans. Extensive monitoring was also documented (link 1.3.3.3 - extended tracer).</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, the clinical manager and registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the resident/family meetings. Six residents, including four from the rest home and two hospital (including one younger person) and five relatives (one hospital, two rest home and two with family in the secure dementia unit) interviewed, reported that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care and residential disability care.</p>
<p>Standard 1.1.3: 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>	FA	<p>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. Residents' files and care plans identified residents preferred names. 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 have received training.</p> <p>All nine resident files reviewed identified that cultural and/or spiritual values and individual preferences were identified.</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>	FA	<p>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. Twenty residents who identify as Māori were living at the facility. One resident who identified as Māori interviewed, (rest home) confirmed that Māori cultural values and beliefs were being met.</p> <p>Redwood has links with Toi Ohomai Institute of Technology to provide education sessions/trainings covering Cultural Safety. There are also links with Te Roro ote Rangī, the local Māori ministers and church groups and the Māori Advocacy group.</p> <p>Māori consultation is available through the documented 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. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</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>	FA	<p>The service identifies the residents' personal needs and values from the time of admission as part of the initial assessment. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed, confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. All care plans reviewed included the resident's spiritual and cultural needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p> <p>Interviews with five caregivers; one from the psychogeriatric unit, two from the secure dementia unit, one hospital and one rest home, could describe how they build a supportive relationship with each resident.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. The medical centre provides GP services and a group of four GPs review residents with four GP visits 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 GP interviewed was satisfied with the level of care that is being provided.</p> <p>The service receives support from the district health board, which includes visits from the mental health team and nurse specialist's visits. Physiotherapy services are provided on site, three times a week (nine hours per week). A dietitian is available as needed. There is a regular in-service education and training programme for staff. A podiatrist is on site every six-weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa Redwood monitors adverse events using an electronic database (Riskman). If the results reflect a negative trend, a corrective action plan is developed by the service. If the results are above the benchmark, a</p>

		<p>corrective action plan is developed by the service.</p> <p>Redwood was the first Care home in New Zealand awarded a 'Dementia friendly accreditation' in 2017. Redwood has been involved in building the dementia-friendly city steering group in Rotorua. The care home manager and other team members are part of the steering group. This involvement has actually increased the number of inquiries for dementia care which has led to the extension of their dementia communities – which is still ongoing.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. The most recent family survey documents that the overall relationship with the home has improved from 89% 2018 to 91% 2019.</p> <p>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms reviewed identified family were kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>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 Ministry of Health 'Long-term Residential Care in a Rest Home or Hospital – what you need to know' is provided to residents on entry. 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>An introduction to the dementia and psychogeriatric unit booklet provides information for family, friends and visitors to the facility. This booklet is included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families.</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</p>	FA	<p>Bupa Redwood provides hospital, rest home, dementia, psychogeriatric and residential disability - intellectual/physical for up to 82 residents. There were 24 rest home level residents (including one respite) and 25 hospital level residents in the hospital/rest home units. There were 16 residents in the dementia unit and 14 residents in the psychogeriatric unit. There were three residents under the residential disability contract (one in the dementia unit, one hospital and one rest home).</p> <p>A vision, mission statement and objectives are in place. There are service specific business, quality and health</p>

<p>of consumers.</p>		<p>and safety goals. Annual goals for the facility are regularly reviewed by the care home manager.</p> <p>The care home manager at Redwood is an experienced registered nurse, she has been in the role since 2017 and has previous experience as a clinical manager. She is supported by a clinical manager (registered nurse), who oversees clinical care and two-unit coordinators.</p> <p>The management team is supported by the wider Bupa management team that includes an operations manager. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual forums and regional forums six monthly.</p> <p>The care home manager and CM have maintained over eight hours annually of professional development activities related to managing an aged care service.</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>	<p>FA</p>	<p>During the temporary absence of the care home manager, the clinical manager or Bupa relieving facility manager covers the care home manager's role.</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>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</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 areas, 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 for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are established, implemented and are signed off when</p>

		<p>completed. The services continued quality processes and clinical improvements have resulted in the recent family survey showing improvements with their perception of staff, the residents' rooms, and quality of care.</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. The health and safety representatives were interviewed about the health and safety programme. 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.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms. Staff interviewed were able to discuss the falls preventions strategies implemented by the service.</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>	FA	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Ten accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations were conducted for unwitnessed falls. Data collected on incident and accident forms were linked to the quality management system.</p> <p>The care home manager and clinical manager were aware of their requirement to notify relevant authorities in relation to essential notifications with examples provided including one section 31 for a pressure injury.</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>Human resources policies include recruitment, selection, orientation and staff training and development. Eleven staff files reviewed (four RNs, five caregivers, one activities coordinator and the cook) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme and a training programme provides new staff with relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction.</p> <p>Twenty-one caregivers are employed to work in the dementia and psychogeriatric units. Twenty caregivers and</p>

		<p>registered nurses have completed their Careerforce dementia modules, with one new staff member in the process of completing. The Bupa dementia specialist has completed some education with the staff teams working in PG and dementia this year.</p> <p>Registered nurses are supported to maintain their professional competency. Sixteen registered nurses are employed and eight have completed their InterRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies, wound care.</p> <p>Over the past years, their attendance to in-service education sessions had been low. As a quality improvement, they now have training days for the team members in which they have combined several topics. This is done twice a month to ensure that they have options. They have seen a significant improvement in the over-all attendance. They have also reinforced toolbox talk education sessions in all communities.</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>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager Monday - Friday and a clinical manager (RN) Monday - Friday. There is an RN unit coordinator for the two secure units and a unit coordinator for the rest home/hospital Monday to Friday.</p> <p>Unit specific staffing:</p> <p>Psychogeriatric unit (14 residents).</p> <p>AM; One RN and two caregivers, PM; One RN and two caregivers (one long shift and one short), night; one RN and one caregiver.</p> <p>Dementia unit (16 residents)</p> <p>AM; One RN and two caregivers (one long and one short shift), PM; One enrolled nurse (EN) or level four caregiver plus one short shift caregiver, night; one level four caregiver.</p> <p>Rest home (24 rest home residents)</p> <p>AM; One RN and two caregivers (one long and one short shift), PM; one level four caregiver and one other caregiver (short shift), night; one caregiver.</p> <p>Hospital (25 residents – all hospital level)</p> <p>AM; One RN and four caregivers (two long and two short shifts), PM; one RN and four caregivers (two long and two short shifts). The AM and PM caregivers shifts include one caregiver or an additional activities person who is rostered to stay in the hospital lounge. Night; one RN and one caregiver.</p> <p>Separate laundry and cleaning staff are employed seven days a week.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of</p>

		residents.
<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 by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrated service integration with only medication charts held in a separate folder.</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>The service has comprehensive admission policies and procedures in place to safely guide service provision and entry to services. Referring agencies establish the appropriate level of care required prior to admission of a resident. Information gathered at admission is retained in resident's records. Relatives interviewed stated they were well informed on admission and had the opportunity to discuss the admission agreement with the manager. The service has a well-developed information pack available for residents/families/whānau at entry, including admission to the dementia and PG units. An advocate is available and offered to family.</p> <p>The admission agreements reviewed aligned with the requirements of the ARC and ARHSS contract. The nine admission agreements viewed were signed. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the 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>Policy 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. A Bupa transfer form, copy of the resident admission form, most recent GP consultation notes and medication information accompanies residents to receiving facilities and communication with family is made.</p>
<p>Standard 1.3.12:</p>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management. There was one resident self-administering on the day of audit. A current competency assessment was in the residents</p>

<p>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>file. There are two medication rooms on site, and both have secured keypad access. Medications fridges had daily temperature checks recorded and were within normal ranges. All medications were securely and appropriately stored. Registered nurses or senior caregivers who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. The service does not use standing orders.</p> <p>The facility utilises an electronic medication management system. Eighteen medication profiles were sampled (six hospital, four rest home, four dementia and four psychogeriatric level of care). All charts had photo identification and allergy status documented. All medication sheets evidenced three monthly reviews by the GP. Prescribed medication is signed electronically after being administered as witnessed on the day of the audit. Effectiveness of PRN medication administered were documented in the electronic prescription. Controlled drugs and registers aligned with guidelines.</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 service has a head chef/kitchen manager who works from Sunday to Thursday and another cook/kitchenhand who works from Friday to Monday. There are six kitchenhands covered morning and afternoon shifts. All staff have food hygiene certificates. The head chef oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on site. Meals are delivered to the hospital and psychogeriatric unit in a bain marie and plated in the unit kitchenettes. The rest home and dementia unit have their meals plated and delivered in hot boxes. Meals taken to rooms on trays have covers to keep the food warm. Special equipment such as lipped plates are available. On the day of audit, meals were observed to be hot and well-presented and residents stated that they were enjoying their meal. Staff were observed assisting residents with their midday meals.</p> <p>There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. These were all within safe limits. Food temperatures are checked (including the reheated evening meal) and these were all within safe limits. The registered nurses complete a resident's nutritional profile on admission, which identifies dietary requirements and likes and dislikes, a copy is provided to the kitchen. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on the kitchen noticeboard for kitchen staff to access at all times. The four-weekly menu cycle is approved by the Bupa dietitian. There was evidence that there are additional nutritious snacks available over 24 hours. Residents and families interviewed were generally very happy with the meals provided.</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>	<p>FA</p>	<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 to the service would be if 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>	<p>FA</p>	<p>All appropriate personal needs information is gathered during admission in consultation with the resident and their relative (as appropriate). InterRAI assessments were completed in all long-term resident files reviewed. Bupa assessment booklets and an interim care plan were completed on all nine resident files within 24 hours of admission. Personal needs, outcomes and goals of residents are identified. Resident files reviewed demonstrated that a range of assessment tools were completed in resident files and reviewed at least six monthly including (but not limited to); falls, pressure areas and continence. All files reviewed for residents under the ARHSS and ARCC contracts had a current interRAI assessment. Vital signs and weights were monitored on a weekly to monthly basis dependant on needs. Assessments were conducted in an appropriate and private manner. Behaviour assessments had been completed for the dementia care and psychogeriatric files reviewed. The outcomes of assessments formed the basis of the long-term care plans.</p> <p>Assessment process and the outcomes are communicated to staff at shift handovers through verbal and written shift reports, progress notes and care plans. Residents (rest home and hospital) and family interviews stated they were involved in the assessment process on admission and ongoing.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The interRAI assessment process informs the development of the resident's care plan. Care plans reviewed were comprehensive and demonstrated service integration and demonstrated input from allied health. All nine resident care plans were resident-centred and documented in detail their support needs. Family members interviewed confirmed care delivery and support by staff is consistent with their expectations. Whānau communication and meetings were evidenced in the family contact form and progress notes reviewed. Long-term care plans in the dementia and psychogeriatric unit (PG) detailed care and support for behaviours that challenge, including triggers, associated risks and management. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved. There was evidence of service integration with documented input from a range of specialist care professionals. Psychogeriatrician and</p>

		mental health team support and advice was evidenced and documented. Staff interviewed reported they found the care plans easy to follow.
<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>Registered nurses (RNs) and caregivers follow the care plan and report progress at each shift handover. All care plans reviewed included documentation that meets the need of the residents and had been updated as residents' needs changed. If external allied health requests or referrals are required, the clinical manager or unit coordinator initiates the referral (eg, wound care specialist, dietitian, or mental health team). The GP interviewed on day of audit spoke highly of the service and confirmed of being kept informed of changes in resident condition. Family members agreed that the clinical care is good and that they are involved in the care planning.</p> <p>RNs and caregivers interviewed stated there is adequate equipment provided including continence and wound care supplies. There were 21 wounds (five in the rest home, three dementia unit, two in the psychogeriatric unit and eleven in the hospital unit) currently being treated in the facility, comprising of four pressure injuries, four ulcers and thirteen skin tears. All wounds had wound assessments, care plans interventions and ongoing evaluations completed in all resident files reviewed. The chronic wounds were documented in the long-term care plans with interventions for care staff around the dressing changes, signs and symptoms of infection, position changes and pressure relieving equipment. Photographs were taken to reflect improvement or deterioration. Access to specialist advice and support is available as needed. Care plans document allied health input.</p> <p>Interviews with registered nurses and caregivers demonstrated understanding of the individualised needs of residents. Care plan interventions clearly demonstrated that residents' needs are met. There was evidence of monitoring charts being well utilised where required, including behaviour monitoring charts, two hourly turning charts for residents at risk of pressure injury and monthly weight and vital sign monitoring, food and fluid charts and daily activity checklists. For residents where weight loss was identified, there was discussion with the GP and the resident prescribed high protein and calorie supplementary drinks.</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</p>	FA	<p>There is one activity coordinator (28 hours weekly) and three activities assistants (30 hours weekly) working Monday to Friday that coordinate and implement the programme for the facility. On weekends the caregivers use an activities box that contains DVDs, games and music for resident activities. The activity coordinator and two activities assistants have completed dementia training. The service has employed a new activities assistant who is currently completing orientation. The three activity assistants are allocated between rest home, hospital and dementia/PG unit. The activity assistants have a two weekly rotational roster between the different units.</p> <p>The Bupa activities programme template is designed for high-end and low-end cognitive functions and caters for individual needs. There is a weekly programme in large print on noticeboards in all unit lounges. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are</p>

<p>the setting of the service.</p>		<p>meaningful and tailored to residents' needs. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. This is particularly noticeable in the psychogeriatric units where residents' concentration spans are often short. Activities include daily morning exercises, games, quizzes, music, sensory dough play and walks outside. The residents play bingo and bowls in the activities room. On the days of audit, residents were observed participating in exercises, reading in the library and listening to an entertainer. There are interdenominational church services held in the facility every second Sunday. Catholic Church members come in to give communion every Wednesday. There are weekly van outings to the lake, RSA and rotary lunches. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated. There is community input from the Lions clubs, other local aged care facilities and schools. The young person with a disability (YPD) enjoys the van outings, board games and music sessions.</p> <p>The family/resident completes a Map of Life (MOL) on admission, which includes previous hobbies, community links, family, and interests. A completed copy of the MOL is in the resident's room for easy access to all staff. The individual activity plan is incorporated into the 'My Day My Way' care plan and is reviewed at the same time as the care plan in all resident files reviewed, at least six monthly. All nine resident files reviewed had completed MOL, activities care plans and activity registers. Activity plans are evaluated at least six-monthly. Resident meetings are held six weekly. Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. The activity team is currently working on residents' request for a weekly movie night and increasing the variety of games in the after-hours activity boxes.</p> <p>Residents and family members interviewed spoke positively about the activities programme and activities team.</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>The nine files reviewed demonstrated that all interRAI assessments and care plans were evaluated at least six monthly or when changes to care occurred. Evaluations are documented and identify progress to meeting goals. 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. All changes in health status are documented and followed up. The multidisciplinary review involves the RN, activities staff resident/family and clinical manager. The files reviewed reflected evidence of family being involved in the planning of care and reviews and if unable to attend, they received a copy of the reviewed plans. In all the files reviewed the care plans had been read and signed by EPOA/family. There is at least a three-monthly review by the medical practitioner with majority residents being seen monthly. 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</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral to other health and disability</p>

<p>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>		<p>services is evident in the resident files reviewed. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the wound care nurse specialist, mental health services for older people, speech language therapist and dietitian. Discussion with the registered nurse identified that the service has access to a wide range of support either through the GP, DHB specialists and allied health services as required.</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 policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. The hazard register identifies hazardous substances and staff indicated a clear understanding of processes and protocols. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. Gloves, aprons, goggles and face shields were available for staff. A spills kit was available.</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 has a current building warrant of fitness that expires on 11 March 2020.</p> <p>The facility has four units comprising of a hospital unit, a secured dementia and psychogeriatric unit and a rest home unit. The rest home section has two floors with a connecting lift and stairway. Each unit has a large lounge and dining area with a number of smaller furnished alcoves serving as family/whānau rooms. There is a large communal library and pool table for resident's use.</p> <p>There is a full-time maintenance manager who works from Monday to Friday who is on call afterhours and on weekends. The Bupa 52-week planned maintenance programme is implemented to address reactive and planned maintenance. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. Fire equipment is checked by an external provider. All ensuite, showers and utility areas had non-slip vinyl flooring. The facility has sufficient space for residents to mobilise using mobility aids and residents were observed moving around freely. The external area is well maintained. Residents had access to safely designed external areas</p>

		<p>that have shade. The dementia and psychogeriatric outdoor areas were safely fenced. The facility shares a van with the adjoining village, for transportation of residents to outside appointments and activities. The van had a current registration and WOF. The staff transporting residents held a current first aid certificate.</p> <p>The registered nurses and caregivers stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</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>There are adequate toilets and showers in the rest home, hospital, dementia and psychogeriatric units. All the dementia and psychogeriatric rooms have a hand basin. There are communal toilets located close to communal areas. There are sufficient numbers of communal toilets and mobility bathrooms. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contained flowing soap and paper towels. Communal toilets and bathrooms had appropriate signage and locks on the doors. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</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>There is sufficient space in each room to allow care to be provided and for the safe use of mobility equipment, shower chairs and hoists. There are two married couples who reside in the facility, one couple share the bedroom and use the other room as a lounge. Each unit has a large spacious lounge area that is used for activities and small groups as well as for private social interaction. There are smaller lounges for residents who prefer quiet, low stimulus areas. Staff interviewed reported that they have more than adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	<p>The communal areas include the open plan large main lounge/dining area (with kitchenettes in the hospital and psychogeriatric wings) and several smaller lounges and family/whānau rooms in each wing for quiet activities such as reading or for visitors. The lounge/dining areas are large enough to cater for activities. Residents were observed to be moving freely with the use of mobility aids. Dining and lounge furniture were well arranged to facilitate this. Seating and space can be arranged to allow both individual and group activities to occur as observed on the days of the audit. The communal areas are easily and safely accessible for residents and</p>

appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		visitors who would prefer a quieter activity or space.
<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>The facility has a dedicated team of four cleaning staff who have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Cleaning trolleys are stored in locked rooms throughout the facility when not in use. Safety data sheets were available in the laundry, kitchen, sluice rooms and chemical storage rooms.</p> <p>All laundry is undertaken on site by dedicated laundry staff that work from 7 am to 2 pm seven days a week. The laundry is spacious and well organised and divided into a 'dirty and clean' area. Laundry staff member interviewed described appropriate systems for managing infectious laundry. All chemicals were stored in a locked cupboard. There were adequate linen supplies sighted in the facility linen-store cupboards. There was a clothes labelling machine in the laundry to minimise loss of resident's personal laundry.</p> <p>There are sluice rooms in each part of the facility for the disposal of soiled water or waste. The chemical provider audits the effectiveness of chemicals for laundry and cleaning services. Residents and family members interviewed were satisfied with the standards of cleanliness and in the facility and the laundry service.</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>There are policies and procedures on emergency and security situations, including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food and supplies (torches, radio and batteries), emergency power and barbeque. Backup batteries are available as alternative energy sources in case of main failure. Oxygen cylinders are available and checked monthly. There is an approved fire evacuation scheme in place and there are six monthly fire drills. A resident building register is maintained. Fire safety is completed with new staff as part of the health and safety induction and is ongoing. All shifts have a current first aider on duty.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated, light up on corridor lights that are visible from all areas in the facility. In addition, the care team carry pagers that alert discreetly if call bells are activated. Security policies and procedures are documented and implemented by staff. The buildings are secure at night with afterhours doorbell access, security lighting and a night security guard service.</p>
Standard 1.4.8: Natural Light, Ventilation, And	FA	General living areas and all resident rooms are appropriately heated with radiators and heat pumps. Resident bedrooms and communal areas are well ventilated and have adequate lighting. Documentation and visual

<p>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>		<p>inspection evidenced that the environment is maintained at a safe and comfortable temperature. There is dedicated smoking areas for residents and family. All rooms have external windows that open, allowing plenty of natural sunlight. The residents and family members interviewed confirmed temperatures in the communal areas and bedrooms were comfortable.</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, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Bupa has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. An RN is the designated infection control officer with support from the registered nurses and the clinical manager. The IC team meets as part of the quality team meeting to review infection control matters. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually.</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 at Bupa Hayman. The infection control (IC) officer has maintained their practice by attending infection control updates. The infection control team (the quality team) is representative of the facility. External resources and support are available when required. 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</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>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>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</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 who has 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 is appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<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. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality and staff meetings. Benchmarking occurs against other Bupa facilities.</p> <p>Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control coordinators. Infection control data is collated monthly and reported at the quality meetings. The infection control programme is linked with the quality management programme.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. Systems in place are appropriate to the size and complexity of the facility. A recent outbreak during June 2019 was well managed and the required notifications made.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirmed their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. There were two residents with enablers (belts for the specialist chairs) and three residents requiring hand holding restraint during care.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>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.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (unit 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.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>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 were evident. The files for three residents requiring handholding restraint and two residents using an enabler were reviewed. The completed assessment considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint</p>	<p>FA</p>	<p>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 requiring hand holding restraint, included indications for use and risks</p>

safely		associated with handholding. Restraint use is reviewed through the three-monthly 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 Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluation has occurred 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.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	Individual approved restraint is reviewed three 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.

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.

No data to display

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
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>There is an annual education schedule that is being implemented. In addition, opportunistic education is provided by way of toolbox talks. Toolbox talks are held on a regular basis and staff are encouraged to participate. A competency programme is in place with different requirements according to work type (eg, support worker, registered nurse, and cleaner). Core competencies are completed annually, and a record of completion is maintained – competency register sighted.</p>	<p>The service noted that staff attendance at the training was lower than expected despite all training attendance being paid. They reorganised the training to training days with staff allocated to the days. Attendance at training has improved from 18 staff attending to 27 (averages). Staff interviewed reacted very positively to the changes and stated that it was much better. Resident and family surveys demonstrated that families and residents rated the quality of care had improved (8.9% to 9.1%) and the Net promoters score improving from 50 to 70.</p>

End of the report.