

Bupa Care Services NZ Limited - Parklands 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:	Parklands Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 January 2020 End date: 28 January 2020
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:	104

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Parklands is part of the Bupa group. The service is certified to provide rest home, psychogeriatric and hospital level care. The service has 134 beds, and on the day of audit there were 104 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 since March 2019. The manager is supported by a clinical manager who has been in the role for 15 months and has been employed with Bupa for a number of years.

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 Parklands.

This audit identified shortfalls around attendance at education sessions, progress notes, and service delivery.

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 Parklands endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Care plans accommodate the choices of residents and/or their family/whānau. There is a Māori Health Plan supporting practice. Cultural assessment is undertaken on admission and during the review process. Written information regarding consumers' rights is provided to families. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are managed and documented and learning's from complaints shared with all staff.

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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The care home manager is experienced in aged care and health and disability management. She is supported by a clinical manager, unit coordinators, 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. Corrective actions are implemented where required. Family meetings are held, and families complete an annual satisfaction survey. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. An education and training programme are 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

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is a comprehensive admission package available prior to or on entry to the service, including individual information for the hospital and psychogeriatric units. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrated service integration and are reviewed at least six monthly. Residents' files included three monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care.

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

An integrated activities programme is implemented that meets the needs of aged care residents. The programme includes community visitors and outings, entertainment and activities.

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

Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services. The building has a current warrant of fitness. Ongoing maintenance issues are addressed. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning

There are shared and single rooms within the facility. The shared rooms had single occupancy on the day of the audit. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a spacious lounge and dining area in each unit within the facility, and also smaller lounges available for quieter activities or visitors. Toilets are located near communal areas.

Cleaning and laundry services are monitored through the internal auditing system. Laundry is completed on off-site.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies. There is a staff member on duty on each shift who holds a current first aid certificate.

The internal areas are ventilated and heated. There is wheelchair access to all areas. The outdoor areas are safe, easily accessible and secure.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that is congruent with the definition in the standards. There are currently two residents with enablers. There is a restraint register for the facility. Three residents with restraint and two with enablers were reviewed. All files evidenced that a documented three-monthly review of restraint has been completed. The restraint standards are being implemented and implementation is reviewed through internal audits, facility restraint meetings, and regional restraint meetings and at an organisational level. Staff are trained in restraint minimisation and restraint competencies are completed annually.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control 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)
Standards	0	47	0	2	1	0	0
Criteria	0	98	0	2	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Bupa policies and procedures are being implemented that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents have been provided with information on admission which includes the Code. Interviews with care staff (eleven caregivers, seven registered nurses (RN), one enrolled nurse, one occupational therapist, one maintenance person, one gardener, two housekeeping, two laundry staff, one administrator and six activity therapists) reflected their understanding of the key principles of the Code. Staff receive training about the Code which was last completed in July 2019 and competencies are completed annually.</p> <p>One rest home and five hospital residents and five relatives (five psychogeriatric) interviewed, confirmed staff respect privacy, and support residents in making choice where able.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their</p>	FA	<p>The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident on all resident files reviewed. There was evidence of general practitioner (GP) completed and signed clinically not indicated resuscitation status. Family discussions were evident in the whānau contact form and progress notes. General consent forms were evident on files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed</p>

<p>family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>		<p>consent for personal care, entering rooms and so on. Signed admission agreements, enduring power of attorney and activation documentation was evident in the resident files sampled.</p>
<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>Information on advocacy support services is included in the resident information pack that is provided to EPOA and family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with relatives confirmed their understanding of the availability of advocacy support services. Interviews with management and staff confirmed that practice is consistent with policy and staff were aware of how to support relatives to access an advocate when needed. The resident files included information on residents' family/whānau/EPOA and chosen social networks.</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>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Relative meetings are three-monthly.</p> <p>Family members receive the monthly activity plan and regularly join in. There are regular visits by mothers and babies and pets for residents to interact with. This year the service is focusing on providing a minimum of weekly outings for both hospital and psychogeriatric residents. The younger persons disabled (YPD) residents are encouraged to attend events in the community such as shopping, rugby and stroke club.</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 procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the facility manager using an online complaints' register. There was one complaint for 2018, three complaints for 2019 and one, year to date for 2020. All complaints have been managed in line with Right 10 of the Code. A review of complaints documentation evidenced investigations and responses was provided within required timeframes and to the satisfaction of the complainant and advocacy offered. Residents (one rest home and five hospital) and family members advised that they are aware of the complaint's procedure. Discussion around concerns, complaints and compliments was evident in facility meeting minutes.</p> <p>The complaint lodged this year was escalated to an internal investigation by the Bupa clinical services team. Outcomes remain pending at this time. One complaint was received via the HDC. The facility has responded with the requested information within timeframes and are awaiting the response. Bupa Parklands has implemented a corrective action plan after an internal investigation including additional staff</p>

		<p>training, internal auditing and monitoring of residents. Families interviewed stated that complaints are followed up and the manager is very approachable.\</p> <p>The Ministry requested follow up against aspects of a complaint that included communication, complaint management, training, management of complaints, human resource management, assessment, planning and service delivery. This audit has identified issues human resource management (link 1.2.7.5) , care planning (link 1.3.5.2) and service delivery (link 1.3.6.1).</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 residents, EPOA and family. This information is also available in the foyer. The care home manager, the clinical nurse manager, unit managers and RNs discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are held during the regular resident and family meetings. Relatives and residents interviewed reported that the residents' rights are being upheld by the service. Large print posters of the Code and advocacy information are displayed in the facility. The families and residents have been informed of the scope of services and any liability for payment for items not included in the scope.</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>The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Eleven resident files reviewed identified that cultural and/or spiritual values and individual preferences are identified on admission and then integrated with the residents' care plan. There was evidence of family involvement. Interviews with relatives were positive about the service in relation to their family members values and beliefs being considered and met. Residents' files and care plans identified residents preferred names. Spiritual needs are identified, and church services are held.</p> <p>A tour of the facility confirmed there is the ability to support personal privacy for residents. There is an abuse and neglect policy which is being implemented and includes staff in-service education and competencies. The 2019 family survey identified 85% confirmed they were happy with staff and 87% were satisfied with their relationship with the home and 85% with the quality of dementia care.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and</p>	FA	<p>Bupa has a Māori health plan that aligns with contractual requirements. There are supporting policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. The Bupa Māori health policy was first developed in consultation with kaumātua and is utilised throughout Bupa's facilities. A best practise for Māori health care Tikanga flip chart is readily available in the foyer and in each community. Family/whānau involvement is encouraged in assessment</p>

<p>disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>		<p>and care planning. Visiting is encouraged. Links are established with disability and other community representative groups as requested by the resident/family. Bupa Parklands maintains cultural links with Te Komiti Whakarite and Nga Ratonga Hauora Māori Health Services. Cultural needs are addressed in the care plan. Caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents. There were currently three residents that identified as Māori. The file of one resident was reviewed and included information on tribal affiliations.</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 identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or the resident's representative. Family assist to complete 'the map of life' of the resident which provides a breakdown of their life and interests/beliefs. All relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. Monthly newsletters (commenced January 2020) are provided to relatives. Six monthly multi-disciplinary team meetings are scheduled and occur to assess if needs are being met. Family are invited to attend. There are a number of residents from different nationalities including (but not limited to), Bulgaria, Pacifica and Dutch. Cultural values and beliefs are discussed and incorporated into the residents' care plans.</p>
<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>The Code of Conduct is included in the employee pack. Job descriptions include responsibilities of the position and are in files reviewed. There are implemented policies to guide staff practice in respect of gifts. Clinical meetings include discussion on professional boundaries and concerns as they arise (minutes sighted). Management provide guidelines and mentoring for specific situations. Interviews with the clinical manager, six registered nurses, one enrolled nurse and three-unit coordinators confirmed an understanding of professional boundaries. 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>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. Policies and procedures have been reviewed and updated at organisational level and are available to staff. There are clear ethical and professional standards and boundaries within job descriptions. 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, mental health and Nurse Maude Palliative Care services), staff education and training. Two house GPs- one visits four mornings per week,</p>

		<p>the other twice a week and as needed. A geriatrician visits the facility four hours a fortnight and as required. Physiotherapy services are provided for eight 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>At the beginning of each year the Quality committee hold a planning meeting & reviews the last year. New goals set are often to overcome any shortfalls, actions are planned and evaluated throughout the year.</p> <p>Parklands continues to encourage care staff to achieve Careerforce qualifications. All qualified staff are encouraged to participate in the PDRP programme, with all current registered nurses actively engaged. The service is supported by the Bupa dementia care specialist.</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 policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twenty accident/incident forms reviewed identified that family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. The service have introduced additional means of communication as a result of a previous HDC complaint. The large noticeboard in the foyer ensures family are advised of events, news and views. All visitors walk past this board and family were observed stopping to read on their way in and out of the service.</p> <p>There are both residents (and staff) from a variety of cultures and staff interviewed were able to describe how they communicate with residents where English is a second language. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Family/EPOA 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. The information pack is available in large print.</p> <p>The service provides information to new family members that contains all they need to know about the service, key people and where everything is.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services</p>	FA	<p>Bupa Parklands is certified to provide; psychogeriatric, hospital (medical and geriatric); and rest home level care services for up to 134 residents. On the day of audit there were 104 residents (43 hospital, 2 rest home and 59 psychogeriatric). There are two hospital communities (Matai and Ngaio) with 36 and 20 beds. In the Matai community, there were four hospital residents under the residential disability contract –</p>

<p>are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>physical, two rest home resident and 27 hospital residents. In the Ngaio community, there were 16 hospital residents. There are three psychogeriatric communities (Rata, Rimu and Kauri) with 20 beds each. There were 20 residents in the Rimu and Kauri areas and 19 in the Rata community. A hospital community (Kowhai) with 16 beds was temporarily closed for refurbishment on the day of audit.</p> <p>Bupa Parklands is a two-storey building with all care services being provided on the first floor. Corporate offices and staff facilities are located in the second level. The service has ten dual purpose beds in the Matai community, two of which were occupied by rest home residents.</p> <p>The service is managed by a care home manager who has been in the role at Parklands for nine months with experience in aged care management and health and disability services. The clinical manager has been in the role for 15 months and is experienced in other Bupa services. Three-unit coordinators who have worked at Parklands between three and 18 months complete the management team. The management team is supported by the wider Bupa management team including a regional operations manager.</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> <p>A vision, mission statement and objectives are in place. Progress towards the achievement of annual goals for 2019 have been reviewed by the quality team. The annual goals for 2020 have been developed and are awaiting confirmation. Discussion with the care home manager and review of the quality programme document a focus on improving communication and staff education.</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>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</p>	<p>FA</p>	<p>Bupa Parklands is implementing a comprehensive quality and risk programme. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and</p>

<p>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>adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff interviewed confirmed they are made aware of any new/reviewed policies.</p> <p>A range of meetings have been held, these include monthly community staff meetings, two monthly general staff meetings, three monthly quality meetings, monthly RN/EN meetings, resident meetings, health and safety meetings including infection control, 2x weekly clinical review forums and monthly pressure injury prevention meetings. Meeting minutes sighted evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. All meeting minutes are posted in the staffroom for staff to read.</p> <p>Staff interviewed stated they are well informed and receive quality and risk management information such as a monthly adverse event summary.</p> <p>The service collates accident/incident and infection control data. Monthly comparisons include trend analysis and graphs. An annual internal audit schedule confirmed audits are being completed as per the schedule. Corrective actions are developed where opportunities for improvements are identified and are signed off when completed. The annual satisfaction survey 2019 has been followed up with discussion at staff meetings and quality initiatives, such as improved training and upskilling for staff and improved communication with families with the introduction of newsletters and a noticeboard in the foyer.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. Bupa belongs to the ACC partnership programme and have achieved primary level status. The care home manager with representatives from the kitchen, housekeeping, nursing, caregivers and maintenance team are responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>Falls management strategies include assessments after falls and individualised strategies. Caregiver interviews confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers. The service has detailed emergency plans covering all types of emergency situations and staff receive ongoing training around this.</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</p>	<p>FA</p>	<p>The service collects incident and accident data on forms and enters them into an electronic register (RiskMan). The system provides reports monthly, and the clinical manager reviews all incidents each month and in conjunction with the unit coordinators, writes a report for each of the communities. Corrective action plans (CAP) are documented for adverse trends. Examples from 2019 include cleaning, multi-disciplinary reviews and care planning. The reports and CAPs are all signed off when completed. Each community unit coordinator shares this information at monthly community meetings. All incidents and accidents are trended and benchmarked against facilities with similar levels of care.</p>

<p>where appropriate their family/whānau of choice in an open manner.</p>		<p>A total of 20 incident forms were reviewed including 10 falls-related incident forms, seven skin tears or bruising, one pressure injury and two behaviour-related incident forms were reviewed December 2019 and January 2020. All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. All incident forms document comprehensive review and follow-up.</p> <p>The caregivers interviewed could discuss the incident reporting process. Staff-related incident forms are discussed at the health and safety meeting.</p> <p>The care home manager interviewed could describe situations that would require reporting to relevant authorities.</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>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Twelve staff files were reviewed (three RNs, six caregivers, the clinical manager, an activity staff member and a cook). All files contained relevant employment documentation including current performance appraisals and completed orientations. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of psychogeriatric and hospital level care. Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>There is a comprehensive annual education planner in place that covers compulsory education requirements, however staff attendance has been low for some sessions. The planner and individual attendance records are updated after each session. The service has recognised attendance is low and has planned a new system for 2020 designed to increase attendance. The service has provided extensive training for staff as well as additional toolbox talks to follow up incident forms complaints, changes in resident care needs.</p> <p>Training has included (but is not limited to) : Person first Dementia second, restraint, abuse and neglect, Code of Rights, Code of Conduct, incident management, moving and handling, documentation, moving/handling, communication and complaints management.</p> <p>Thirteen of twenty-three RNs have completed interRAI training. Clinical staff complete competencies relevant to their role including syringe driver training, medication management and pain management. The RNs also have access to external training and are encouraged to participate in the Bupa professional development and recognition programme.</p> <p>There are 47 caregivers who work in the three psychogeriatric communities; 37 have completed the required dementia standards, seven are in the process and three have recently started at Parklands. The activity staff who work in the psychogeriatric communities are included in the numbers who have completed</p>

		the standards.
<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>	FA	<p>The staffing levels meets contractual requirements. The clinical manager and three-unit coordinators share after hours calls on a four-weekly rotation. The care home manager is on-call after hours for non-clinical issues. Adequate RN cover is provided 24 hours a day, seven days a week. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes and meet best practice.</p> <p>Caregivers interviewed stated that there is enough staff on all shifts to safely manage resident care. There are also a team of activities staff, administration staff, housekeepers, kitchen staff, laundry and maintenance staff. Residents and relatives advised bells are answered in a timely manner and that they have no concerns regarding staffing.</p> <p>The hospital level residents are based in two communities (Ngaio, and Matai). One-unit coordinator covers the 36 bed Matai community. A second unit coordinator is responsible for the 20 bed Ngaio hospital and 20 bed Rata psychogeriatric communities for 20 hours each per week. The third unit coordinator is responsible for the two 20 bed Rimu and Kauri psychogeriatric communities. In addition, a registered nurse is rostered in each community for both morning and afternoon shifts. Two RNs cover the two hospital communities at night and a third RN covers the three psychogeriatric communities during the night shift.</p> <p>The caregivers are rostered as following:</p> <p>Ngaio (16 hospital level care residents): AM two long shifts and one short shift. PM two long shifts and one short shift, and one on nights.</p> <p>Matai (27 hospital and two rest home level care residents): AM four long shifts and one short shift. PM three long shifts and one short shift, and one on nights.</p> <p>Rata (19 psychogeriatric residents): AM two long shifts and two short shifts, PM one long shift and two short shifts and one on nights.</p> <p>Rimu (20 psychogeriatric residents): AM two long shifts and two short shifts, PM one long shift and two short shifts and one on nights.</p> <p>Kauri (20 psychogeriatric residents): AM two long shifts and two short shifts, PM one long shift and two short shifts and one on nights.</p> <p>The care home manager and unit coordinators reported that extra staff can be called on for increased residents' requirements. The RNs are also available to assist with cares if required. Activities staff are rostered seven days a week in the psychogeriatric communities and four days a week in the hospital communities.</p>

		Each of the communities is staffed separately. On interview care staff informed that they assist each other as needed.
<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	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 demonstrated service integration. This included medical care interventions and records of the activities coordinator. Medication charts are stored on the electronic medication management system.
<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	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 upon admission and had the opportunity to discuss the admission agreement with the care home manager. The service has a well-developed information pack available for residents/families/whānau at entry including admission to psychogeriatric (PG) communities. An advocate is available and offered to family. The admission agreement aligned with the ARC and ARHSS contract. Eleven admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.
<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	Policy describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. Residents who require admission to hospital or transfer are managed appropriately and relevant information is communicated to the receiving health provider or service. A transfer form and supporting documentation accompanies residents to the receiving facility and communication with family is documented.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner</p>	FA	There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. The medication rooms and fridges have temperatures recorded daily and these are within acceptable ranges.

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>Registered nurses are responsible for the administering of medications and have completed annual medication competencies and annual medication education. Caregivers who act as second checker have also completed medication competencies. The service uses an electronic medication management system.</p> <p>Twenty-four electronic medication charts were reviewed (12 hospital, 2 rest home and 10 psychogeriatric). Photo identification and allergy status were on all 24 charts. All medication charts had been reviewed by the GP at least three monthly. Self-medication assessments have been completed for self-medicating residents.</p> <p>Antipsychotic management plans are used for residents using antipsychotic medications when medications are commenced, discontinued or changed. The general practitioner reviews the antipsychotic management plans for residents with stable behaviours and a psychogeriatrician reviews the management plans for residents with acute changes in behaviour.</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 cook oversees the procurement of the food and management of the kitchen. All food services staff have attended food safety training. There are food service manuals and a range of policies and procedures in place to guide staff. There is a well-equipped clean kitchen and all meals are cooked on site. Each community has a kitchenette/ dining area, food is transported to each area in bain maries and is served to the residents by caregivers. During the audit, meals were observed to be hot and well presented. The service has a current food control plan displayed expiring on 22 September 2020. Kitchen fridge, food and freezer temperatures were monitored and documented daily; these were within safe limits.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen by the registered nurse or unit coordinator. Special diets were noted on the kitchen noticeboard which is able to be viewed only by kitchen staff. The national menus have been audited and approved by an external dietitian. There was evidence that there are additional nutritious snacks available over 24 hours.</p> <p>Facility meetings and surveys provide feedback on the meals and food service. Residents and families interviewed were very happy with meals provided and confirmed that alternative food choices were offered for dislikes.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the</p>	<p>FA</p>	<p>The service records the reason for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency for appropriate placement and advice.</p>

<p>immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Bupa assessment booklets and LTCPs reviewed were comprehensively completed for all twelve resident files reviewed. The assessment booklet provides in-depth assessment across all domains of care. Risk assessments are completed on admission and reviewed six monthly or when there is a change in residents' condition. Additional assessments for management of behaviour, wound care and restraint were appropriately completed as required. InterRAI assessments have been completed for all residents and inform the care plan.</p> <p>Pain assessments were completed six monthly in the PG units the resident with the current pressure injury had a pain assessment completed two to three times a day as necessary.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>Care plans reviewed were comprehensive and demonstrated service integration and demonstrated input from allied health. The interRAI assessment process informs the development of the residents' care plan. All 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 documentation reviewed. Long-term care plans in the psychogeriatric unit (PG) detail 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. Staff interviewed reported they found the care plans easy to follow. There was evidence of service integration with documented input from a range of specialist care professionals. Psychogeriatrician and mental health team support and advice was evidenced and documented.</p> <p>Five of six hospital files reviewed had identified pain. There was pain assessments/interventions care plans/progress notes including outcomes of prn medication. Care plans included chronic pain interventions including alternatives were considered.</p> <p>Nurse Maude Palliative Care Services was involved in the care of one resident relating to pain management.</p> <p>Education relating to pain and nausea was delivered to RN/EN's 15/3/2019</p> <p>Short term care plans were evident for acute pain: eg post fall.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Moderate</p>	<p>There is specialist input into resident's well-being in the psychogeriatric unit. Strategies for the provisions of a low stimulus environment could be described by the care team.</p> <p>Residents and families interviewed, reported their needs were being met. Family members interviewed praised the service, the care staff and the management team. There was documented evidence of relative contact for any changes to resident health status.</p> <p>Contenance products are available and resident files included a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Very comprehensive wound assessment, wound management and evaluation forms and short-term care plans were in place for wounds. All wound care plans included a short-term care plan and written progress notes to assist review and evaluation of the wound.</p> <p>On the day of audit, there were fifteen wounds documented for the two hospital communities. The wounds included; eleven skin tears, one ulcer, two stage-two and one stage-three pressure injury. The community wound care specialist had reviewed the pressure injuries and wound care plans reflect the specialist input.</p> <p>There were 15 wounds in the three PG communities including four cancerous lesions, five skin tears, one chronic ulcer, and five superficial wounds. There were three stage 2 and three stage 1 pressure injuries identified. All wounds had assessments, plans and evaluations recording progression or deterioration of the wounds, including regular photos. Wound care specialist input was documented for all chronic wounds and pressure injuries.</p> <p>Five of six hospital files reviewed had identified pain. There was pain assessments/interventions care plans/progress notes including outcomes of prn medication.</p> <p>Short-term care plans were in place for short-term/acute needs, these are reviewed regularly and either ongoing or added to the long-term care plan interventions.</p> <p>Monitoring charts were in use; examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, restraint, food and fluid, turning charts, syringe driver monitoring, and behaviour monitoring as required. Not all monitoring forms evidenced that the required observations were being completed in the prescribed timeframes.</p>
<p>Standard 1.3.7: Planned</p>	<p>FA</p>	<p>The activities team is overseen by the Bupa occupational therapist. The team comprises of seven other activities persons. All of the activity staff have completed Careerforce dementia education modules. The</p>

<p>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>		<p>Bupa Southern Regional occupational therapist oversees the activity programme and meetings with the activity staff occur six weekly. The activity staff attend the Bupa education seminars for activity staff which occur twice a year. The occupational therapist is the seating assessor.</p> <p>There is a separate programme for the psychogeriatric and hospital level of care residents. Activities were evidenced occurring in each unit. Care staff were observed at various times throughout the day diverting residents from behaviours in the psychogeriatric units. There are 24-hour activity plans documented in the files reviewed for residents in the psychogeriatric units. There are resources available for care staff to use for one-on-one time with the resident. Staff could describe a low stimulus environment.</p> <p>On or soon after admission, a social history is taken and information from this is fed into the care plan and this is reviewed six monthly, and as part of the care plan review/evaluation a record is kept on individual residents' activities. There are recreational progress notes in the resident's file that the activity officers complete for each resident every month. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the long-term care plan and is reviewed at the same time as the care plan in all resident files reviewed.</p> <p>Families and residents interviewed reported satisfaction with the activities provided. Residents from all levels of care were observed to be participating in a wide range of activities. The team is led by an experienced activity coordinator. The team comprises of a divisional therapist and seven other activities persons.</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 files reviewed demonstrated that all interRAI assessments and care plans reviewed were evaluated at least six monthly or when changes to care occurs. 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, GP, activities staff resident/family, unit coordinator and clinical manager. The files reviewed reflected evidence of family being involved in the planning of care and reviews. In all the files sampled, care plans had been read and signed by EPOA/family. There is at least a three-monthly review by the medical practitioner with majority of 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 To Other Health And Disability Services (Internal And</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referral through the unit coordinators and specialist referrals are made through the GP. There was evidence of where a resident's condition had changed, and the resident was</p>

<p>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>reassessed for a higher or different level of care. Discussion with the clinical manager identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied 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>	<p>FA</p>	<p>There are policies related to chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. There is a secure sluice room in each community. All chemicals sighted were clearly labelled with manufacturer's labels and stored in locked areas in all services. Safety datasheets and product sheets are available. The hazard register identifies hazardous substances and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and visors are available for staff. The maintenance person, caregivers, and housekeeping staff interviewed described the safe management of hazardous material.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires on 1 January 2021. Fire equipment is checked by an external provider. The maintenance person interviewed described the reactive and preventative maintenance occurs. There is a 52-week planned maintenance programme in place. Electrical equipment has been tested and tagged. Hot water temperature is monitored weekly in resident areas and at hot water cylinders.</p> <p>There are six communities; Kauri, Rimu and Rata (psychogeriatric communities), Matai and Ngaio are rest home and hospital communities. Kowhai community is currently closed for refurbishment.</p> <p>In the facility, residents are able to bring in their own possessions and are able to adorn their room as desired. There are quiet, low stimulus areas that provide privacy when required.</p> <p>The living areas and bedrooms (except two in Ngaio, which have vinyl flooring) have carpet surfaces. Kitchenette areas have vinyl flooring as do communal bathrooms/toilets and kitchen areas.</p> <p>The corridors are wide enough around the facility and handrails available to promote safe mobility. Where there is a change of level (ramps) signage is visible. Residents were observed moving freely around the areas with mobility aids where required. There are areas to wander inside and outside with secure garden areas off all three PG units. All working hazardous areas are closed off to residents and staff.</p>

		Caregivers interviewed felt there is sufficient equipment available to staff in all areas that is calibrated.
<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 shared ensuites in four of six communities. The psychogeriatric communities have their own or shared ensuite facilities in Kauri and Rimu communities, there are no ensuite facilities in Rata. There are adequate numbers of communal facilities close to resident rooms. There are shared ensuite bathroom facilities in Matai, and in Ngaio communities. Kowhai (currently closed) has communal bathroom facilities. There is appropriate signage of communal toilets in all of the communities. Communal toilets and bathrooms have appropriate signage and locks on the doors. The toilets, showers and ensuites have easy clean flooring and fixtures and handrails appropriately placed. All communal bathrooms allow for mobility equipment. Communal, visitor and staff toilets are available and contain flowing soap and paper towels. Residents interviewed reported their privacy is maintained.</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 are two shared rooms in Rata psychogeriatric unit; these currently have single occupancy. Both rooms include curtains for privacy and call bells. All other bedrooms in the hospital and psychogeriatric units are single rooms. They are spacious enough to manoeuvre transferring and mobility equipment to safely deliver care. Residents are encouraged to personalise their bedrooms as desired.</p>
<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	<p>There are large lounges in each of the communities. Each community also has a kitchenette and open plan dining/lounge area. All lounge/dining rooms are accessible and accommodate the equipment required for the residents and are used for activities. Residents were observed moving freely and furniture is well arranged to facilitate this. Seating and space is arranged to allow both individual and group activities to occur.</p> <p>There is adequate space in the psychogeriatric communities to allow maximum freedom of movement while promoting safety for those that wander. There is an open plan dining/lounge area, and smaller, quiet lounges available and seating alcoves.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	<p>All laundry is done off-site at another Bupa facility. Clean laundry is returned daily to the clean laundry room for folding and dispersing, then the dirty laundry is collected from the dirty laundry room. Laundry and cleaning audits are completed as part of the internal audit programme. The laundry and cleaning rooms are</p>

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>designated areas and clearly labelled. Chemicals are stored in locked rooms. All chemicals are labelled with manufacturer's labels. There is dedicated housekeeping and laundry staff. Cleaning trolleys are well equipped and stored safely when not in use.</p> <p>There are sluice rooms for the disposal of soiled water or waste in each community with a sanitiser. These are locked when unattended, all are equipped with personal protective equipment.</p> <p>Residents and relatives interviewed reported that they were satisfied with the laundry and cleaning services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are emergency and disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR were included in the mandatory in-service programme. There is a first aid trained staff member (RN) on every shift. The facility has an approved fire evacuation plan and fire drills occur six monthly (last completed on 24 September 2019). Smoke alarms, sprinkler system and exit signs are in place.</p> <p>All secure doors are connected to the fire alarms. Bupa Parklands have two gas cookers (with cylinders available) and a barbeque for cooking. There is a system for emergency lighting and battery backup. Oxygen cylinders are available. There are two civil defence kits in the facility and adequate stored water including an emergency water tank. Call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms. The facility is secured at night.</p> <p>On the first day of the audit, the fire alarm was activated following a steam leakage from a hot water cylinder, the plumber was present at the time. The emergency procedure was followed by staff. The area was appropriately cordoned off from residents, visitors and staff. No further action was required.</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>	<p>FA</p>	<p>The facility has plenty of natural light with large windows in the resident bedrooms with views of gardens. There are large floor to ceiling windows in the communal areas. There is overhead air conditioning and heating which is ducted through the ceilings in the corridors and communal areas. There are ceiling heaters and panel heaters in the resident rooms. The facility and grounds are a smoke free area. Internal monthly audits are performed for indoor air temperatures which are maintained between 20 to 22 degrees.</p>
<p>Standard 3.1: Infection control</p>	<p>FA</p>	<p>The Bupa 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</p>

<p>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>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 through the Bupa South Island IC group and head office. Annual quality and infection control goals are set at the beginning of the year and document in-depth review. 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 at Bupa Parklands. The infection control (IC) officer who is newly appointed has completed the Ministry of Health online infection control education. The infection control 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 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>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</p>

<p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>		<p>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 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 officer 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 officer. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly. Meeting minutes are made available to staff. 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 officer. Infection control data is collated monthly and discussed at the monthly RN 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. There is close liaison with the GPs and geriatrician that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Suspected outbreaks in February and June 2019 were well managed and the required notifications made.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>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 is restraint is and what is an enabler. The restraint policy includes comprehensive restraint procedures.</p> <p>The files of the two residents using enablers (one bed rail and one T belt) were reviewed. The two enabler files contained all required documentation. There is a restraint register for the facility held in the Rata community. There are seven T belt restraints in current use, and all are used intermittently only. Rata has four restraints in use, Matai has two and Kauri has one.</p> <p>Three residents with restraint (all T belts) were reviewed. All files evidenced that a documented three-monthly review of restraint has been conducted. The restraint standards are being implemented and implementation is reviewed through internal audits, facility restraint meetings, and regional restraint meetings and at an organisational level.</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>	FA	<p>The service has a restraint coordinator position description. The restraint coordinator is a unit coordinator with many years' experience in minimising and managing restraint. Assessment and approval processes for restraint interventions included the restraint coordinator, clinical manager, registered nurses, resident/or family representative and medical practitioner. Restraint use and review, is part of the monthly clinical meeting, community meetings and quality team meeting. A three-monthly restraint meeting is held on site and at national teleconference restraint meetings. A review of restraint meetings identified regular review of each restraint use and regular removal of restraints where it was identified as not required.</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>	FA	<p>The service completes comprehensive assessments for residents who require restraint interventions. These are undertaken by suitably qualified and skilled staff in partnership with the family/whānau. Assessments and approvals for restraint were fully completed. These were sighted in the three files reviewed.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The restraint minimisation policy identifies that restraint is only put in place where it is clinically indicated and justified, and approval processes are followed. The three restraint files reviewed had a completed assessment form and a care plan that reflected risk and interventions to manage the risk. Monitoring forms that included regular two hourly monitoring (or more frequent) were present in the files reviewed. The service had a restraint register identifying three monthly review dates.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The service has documented evaluation of restraint every three months. There is also a monthly review of each restraint at the restraint committee meeting and six-monthly review with family as part of the MDT meeting. In the three restraint files reviewed, evaluations had been completed with the resident, family/whānau, restraint coordinator and medical practitioner. Evaluation timeframes were determined by risk levels. Any restraint incidents are reported through RiskMan and discussed at the restraint committee meeting. Two incidents occurred in 2018 with no incidents in 2019. Incidents are reviewed by the committee. For one incident the review identified removing the bedrail and changing to a low bed. Another incident of T belt restraint related to the incorrect placement of the restraint in conjunction with a pressure reducing cushion. The cushion was removed, and regular pressure area cares were provided. Staff were</p>

		informed of changes and care plans updated to reflect the change of restraint.
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>The service actively reviews restraint as part of the internal audit and reporting cycle. Reviews were completed monthly and three monthly. Reviews were completed by the restraint coordinator and/or clinical manager. Any adverse outcomes are included in the restraint coordinator's monthly reports and are reported at the monthly meetings. Restraint use is reviewed as part of the quality team meeting. There is an organisation restraint committee. Benchmarking is completed of all restraint use across Bupa and Parklands has been identified as the 4th lowest (of nine PG units) for restraint use in 2019.</p> <p>A combination in June 2018, of a new restraint coordinator, a complaint and an internal review identified concerns with restraint processes and monitoring. As a result, a quality improvement plan was implemented with the development of the following initiatives. A full review was undertaken of all residents using restraint with an emphasis on identifying alternatives. In August 2018 education sessions including annual competencies and toolbox talks were held requiring attendance of all staff. A wall of learning display on best practise restraint was displayed in a fun and imaginative way at the entrance to the staff room incorporating photos, graphs and examples of monitoring forms. A group of staff with representatives from each community, activities and household staff were chosen to be restraint champions with monthly meetings commencing September 201. All restraint forms were audited weekly initially, then fortnightly and now as per audit schedule. On interview care staff demonstrated an excellent understanding of restraint minimisation and management of challenging behaviours. As a result of the above initiatives, Parklands has reduced restraint rates from 18 residents in June 2018 to seven in January 2020.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.4</p> <p>The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.</p>	PA Low	Caregivers document progress or otherwise at the completion of each shift. Allied health professional’s assessment and review is documented in the resident integrated files. Registered nurses are required to document at least daily in resident files, however this is not occurring as to policy.	Documentation in progress notes by the registered nurse hasn’t occurred for a consecutive period of up to 14 days in two psychogeriatric and one hospital residents’ files.	<p>Ensure all progress notes and follow-up is documented according to policy</p> <p>90 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the</p>	PA Low	Each resident file reviewed included a recently updated care plan. Care plan documented interventions around management of behaviours that challenge, skin care for a resident with a pressure injury was documented well, care of a resident with diabetes,	Care plan interventions did not reflect the resident’s current condition for one psychogeriatric, one hospital	Ensure all current needs are identified in

<p>required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>		<p>weight management plans were also documented in care plans.</p>	<p>and one YPD resident.</p>	<p>appropriate care plans. 90 days</p>
<p>Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>The RNs review information gathered from assessments, monitoring charts, observations, and interviews with residents, staff and families to develop the care plan. Interventions for assessed care needs were included in the care plan. Wound assessments and wound management plans were completed for all wounds. All complex wounds evidenced assessment and input from an external wound care nurse specialist. While monitoring forms were being utilised not all the required monitoring was fully documented.</p>	<p>i) The care plan for a hospital resident with a pressure injury documented two hourly turning (position changes were required). However, monitoring forms reviewed did not evidence that position changes had been consistently completed in this timeframe. ii) Behaviour monitoring charts were not consistently completed for one rest home and two hospital residents. iii) Two psychogeriatric residents (one with current pressure injuries did not have turning charts in place). This was addressed on the day of the audit.</p>	<p>i-ii) Ensure that all monitoring forms document and reflect the frequency of monitoring prescribed. iii) Ensure monitoring charts are in place as per the instructions in the care plan. 30 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.