

# Bupa Care Services NZ Limited - Parkstone Care Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Parkstone Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 4 August 2020 End date: 5 August 2020
<b>Proposed changes to current services (if any):</b>	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	87

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	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 Parkstone rest home and hospital is part of the Bupa aged care residential group. The service provides rest home, hospital and residential disability level of care for up to 100 residents. On the day of the audit there were 87 residents.

The care home manager is a registered nurse has been in the role for two years, having previously been the clinical manager at Parkstone. She is supported by an experienced clinical manager. The management team is supported by a regional operations manager.

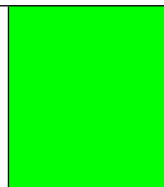
The residents and relatives spoke positively about the staff and the care provided.

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 resident and staff files, observations, and interviews with family, management, staff and the general practitioner.

This audit identified areas for improvement around care plan interventions, wound documentation and maintenance.

## 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.

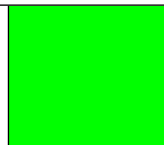


Standards applicable to this service fully attained.

The service functions in a way that complies with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code is readily available to residents and families. Policies are implemented to support residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Complaints and concerns are managed in accordance with HDC guidelines. Residents and relatives spoke positively about the care provided by 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.

The facility operates a quality plan, which includes goals for the calendar year. 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. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

An education and training programme is in place. Appropriate employment processes are adhered to. There is a roster that provides appropriate staff cover for the delivery of care and support. 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.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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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 demonstrate service integration and are reviewed at least six monthly. Resident files included medical notes by the contracted GP and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts are reviewed at least three monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group.

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.

## 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.		Some standards applicable to this service partially attained and of low risk.
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The building has a current warrant of fitness. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services. Cleaning and laundry services are monitored through the internal auditing system.

There are shared and single rooms within the facility. 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 smaller lounges available for quieter activities or visitors. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. The internal areas are ventilated and heated. There is wheelchair access to all areas. The outdoor areas are safe, easily accessible and secure.

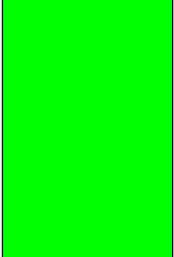
There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies. There is a staff member on duty on each shift who holds a current first aid certificate.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were two residents using restraints and five residents using enablers. Restraint management processes are being implemented.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities. There have been no outbreaks.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	47	0	3	0	0	0
<b>Criteria</b>	0	98	0	3	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Bupa Parkstone has implemented Bupa policies around the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code). Discussions with the care home manager, clinical manager/RN, and six caregivers from across all areas and shifts, eight registered nurses (RNs), one cook, one housekeeper, one laundry person, one maintenance person and two activities staff confirmed their familiarity with the Code and its application to their job role and responsibilities.</p> <p>Interviews with nine residents (five rest home including two younger people and four hospital including one younger person and one respite resident) and three hospital level relatives, confirmed that the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed</p>	FA	<p>The service has a policy in place for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident on all resident files reviewed. There was evidence of general practitioner (GP)</p>

<p>choices and give informed consent.</p>		<p>completed and signed clinically not indicated resuscitation status.</p> <p>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 consent. 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>There is a policy that describes the role of advocacy services. Staff receive training on advocacy. Information about accessing advocacy services is available in the information presented to residents and their families during entry to the service. Advocacy support is available if requested.</p> <p>Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate. The complaints process reminds the complainant of their right to contact the health and disability advocacy service with contact details provided.</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 are encouraged to be involved in community activities and maintain family and friends' networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Community links were evident and included (but were not limited to) local churches, the RSA, hospice, Aged Concern, the Salvation Army and local clubs. Three younger people interviewed all said they felt able to access their chosen activities both within the home and externally.</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>There is a Bupa complaints policy which describes the management of the complaints process. The policy has been fully implemented at Parkstone. Complaints forms are available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around</p>

		<p>reporting complaints.</p> <p>There is a complaint register. There were eight complaints logged for 2019. These included four 'missing items. The complaints all documented that the families had been fully informed and that police involvement had been declined. Two complaints for 2020 were from the same family. The two complaints document that the Bupa quality team, the GP, and family had all been involved in the complaint review. The complaint has been successfully resolved.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>There are posters displaying the Code in English and in Māori. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the Code is discussed with the resident and family. Information is provided in the information pack that is given to the resident and next of kin/enduring power of attorney (EPOA) to read and discuss.</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>	<p>FA</p>	<p>The service has policies which align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff demonstrated gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Three residents funded through the younger person disabled contract confirmed that they felt comfortable and their rights and dignity were respected. This was also reflected in the personalisation of their rooms. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented, and staff have undertaken training on abuse and neglect.</p>

<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. The service has established links with local Māori advisors. Staff training includes cultural safety. Two residents interviewed who identified as of Māori heritage reported that the care provided was of a high standard. Overall residents interviewed stated their cultural needs were provided for.</p> <p>Two residents who identified as of Māori heritage did not have this reflected into their care or care plan (link 1.3.5.2).</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>Bupa aged care facilities have established cultural policies that are aimed at helping to meet the cultural needs of its residents. Cultural events have been incorporated to acknowledge the different cultures of staff and residents. Overall residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met (link to 1.3.5.2). Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents.</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>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 all staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management 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. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the district health board (DHB) which includes visits from specialists (eg, mental health</p>

		<p>services). Two general practitioners (GP) visit the facility for two sessions each week plus other GPs visit for residents who have chosen not to use the Parkstone GP service. Urgent and out of hours are available as needed. Physiotherapy services are provided weekly plus a physiotherapy assistant. There are close links with hospice services.</p> <p>Bupa Parkstone has a new leadership team to the service since the previous audit. The leadership team change has seen staff with dedicated service to BUPA, step up to the new roles. Staff and relatives interviewed stated that the leadership team are very supportive and the service is very well lead.</p> <p>The education and training programme for staff includes in-service training, impromptu training (toolbox talks) and competency assessments. The activities programme is provided to residents in the rest home and hospital seven days a week. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain independent.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There were non-English speaking residents residing at Parkstone. The residents had communication care plans in place with details on how to communicate with the resident. There were laminated books for Chinese and Korean residents with pictures and both Korean and English translations. Communication plans were detailed and individualised and evidenced the input of relatives.</p> <p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file.</p> <p>Incidents and accidents are recorded electronically using the RiskMan database. Fifteen incidents/accident forms selected for review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status.</p>

		Interpreter services are available if needed. Staff and family are utilised in the first instance.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Parkstone is part of the Bupa group of aged care facilities. The care facility has a total of 100 beds, all suitable for rest home and hospital levels of care and communities designed to support younger people with disabilities. The service is also certified for Hospital -medical level of care. During the audit there were 87 residents over two floors (35 rest home, 52 hospital). This included twelve residents under the young person with a disability (YPD) contract, (three rest home and nine hospital level), two ACC (hospital level), one rest home resident funded through on the long-term support chronic health conditions (LTS-CHC) contract. There was one hospital level respite resident and one hospital level resident funded through the serious medical injury contract (SMI). All beds are dual-purpose.</p> <p>Bupa's overall vision and values are displayed in a visible location. The Bupa care model is resident centred. All staff are made aware of the vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan. There are documented quality/health and safety goals that are reviewed monthly and signed off when achieved.</p> <p>The care home manager is a registered nurse (RN) who was previously the clinical manager. She has been in the care home manager's role for two years. She is supported by an experienced clinical manager/RN and two-unit coordinators (both RNs).</p> <p>The facility manager has maintained over eight hours annually of professional development activities related to managing an aged care service. Managers and clinical managers attend annual organisational forums and regional forums six-monthly.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures</p>	FA	<p>In the absence of the care home manager the clinical manager/RN are in charge. For extended absences, a Bupa relieving care home manager is rostered. In the absence of the clinical manager, the unit</p>

<p>the provision of timely, appropriate, and safe services to consumers.</p>		<p>coordinators provide support.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is fully implemented, stated quality goals are reviewed through the various staff meetings. Interviews with the managers (care home manager, clinical manager) and staff, confirmed their understanding of the quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed.</p> <p>Quality information collected in the RiskMan data base is analysed by the quality team at head office, who also produce graphs and comparison data for each facility. Resident falls and resident bruises have documented a downward trend for 2020, with skin tears maintaining a constant low incidence. Quality and risk data are shared with staff via meetings and posting results in the staffroom.</p> <p>There are a series of meetings implemented to ensure the monitoring and communication of quality information for the facility. This includes monthly staff meetings, quarterly quality meetings, unit meetings, health and safety meeting, restraint and infection control meetings. Clinical review meetings have been implemented one to two times a week and these meetings review resident care as well as adverse trends. Meetings to discuss and implement the Covid 19 response were also evidenced.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by a Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented.</p> <p>The health and safety programme covers specific and measurable health and safety goals that are regularly reviewed. The care home manager and one caregiver were interviewed regarding their role on the</p>

		<p>health and safety team. The health and safety team meet quarterly. Staff undergo annual health and safety training which begins during their orientation. All staff are provided with information about their responsibility under the Health Safety at Work Act 2015. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed.</p> <p>An annual resident and family satisfaction survey is completed. Action plans were documented for the 2019 survey. The plans document reviews and the recent Bupa facility health check documented improvements.</p> <p>Strategies are implemented to reduce the number of falls. All residents have a falls risk assessment completed by a physiotherapist as part of their admission process.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all 15 accident/incident forms reviewed using the RiskMan electronic database. Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to try and minimise the number of incidents. Unwitnessed falls include neurological observations.</p> <p>Discussion with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided (one facility acquired, stage three pressure injury).</p>
<p><b>Standard 1.2.7: Human Resource Management</b></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>Parkstone has fully implemented the Bupa human resource management policies. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Ten staff files reviewed (four caregivers, five RNs [including the clinical manager] and one activities coordinator) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment</p>



		<p>agreements and signed job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The education programme offered is extensive and includes in-service training, competency assessments, and impromptu (toolbox) talks. Competencies are in place for staff including (but not limited to) medication competencies, blood sugar monitoring, male and female catheterisation and oxygen administration. RN specific competencies include wound care and syringe driver. A review of the education evidenced that person-centred care and care for residents with a disability is incorporated as part of the education plan. Specific education around caring for younger people with a disability was postponed during the Covid lockdown and has been rescheduled.</p> <p>Information, education and support around Covid 19 for residents, family and staff was evidenced with staff reporting that they have received 'lots' of information.</p> <p>Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQA) requirements. They are registered to complete their Careerforce level two certificate within three months of their employment.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed their food safety training on site. Chemical safety training is included in staff orientation and as a regular in-service topic. Nine of seventeen RNs have completed their interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place.</p> <p>The service is built over two floors. Each floor is divided into communities; with three communities upstairs and two downstairs. Staffing is by floor with the unit coordinator or RN in charge of allocating caregivers as needed.</p> <p>Staffing;</p> <p>The care home manager and clinical manager are registered nurses</p>

		<p>and are employed full time (Monday – Friday).</p> <p>1st floor: This floor has three communities; Athol community; (21 beds), included 10 rest home and 8 hospital residents. Yaldhurst community; (25 beds), included 14 hospital and seven rest home residents and Ilam community (7 beds); included 4 hospital and 2 rest home.</p> <p>Staffing for the 1st floor included two RNs for each of the AM and PM shifts and one on nights. Caregivers included AM; four x 7 am to 3 pm shifts and two x 8 am to 1 pm shifts. PM shifts included; two x 3 pm to 11 pm, two x 3 pm to 10 pm and one x 5pm to 9 pm. Nights included two staff.</p> <p>Ground floor: This floor has two communities; Brodie community; (26 beds), included 14 hospital level and 10 at rest home. Peer community (21 beds), included 12 hospital level and six rest home.</p> <p>Staffing for the ground floor included two RNs for the AM and the PM shift and one on nights. Caregivers included AM; four x 7 am to 3 pm, and one x 8 am to 1 pm. PM; two x 3 pm to 11 pm, two x 3 pm to 10 pm and one x 4 pm to 10 pm.</p> <p>Residents and family members identified that staffing is adequate to meet the needs of residents although the staff are very busy. Caregivers across all shifts remarked positively on the staffing levels, they commented that the RNs and management team were always available to assist and support if needed.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant caregiver or RN. Individual resident files demonstrated service integration.</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>	<p>FA</p>	<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 upon admission. The service has a well-developed information pack available for residents/families/whānau at entry including information on end of life care. An advocate is available and offered to family. The admission agreement aligns with the service's contracts and exclusions from the service is documented. Nine admission agreements viewed were signed.</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>	<p>FA</p>	<p>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 their next of kin (NOK) is documented. One resident file reviewed included a recent transfer to hospital during Covid 19. All documentation was evident in the file, Covid 19 testing occurred during admission to the hospital (negative result). The resident was placed in isolation for 14 days post discharge, a short-term care plan was in place, and relatives were updated frequently.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management. The facility utilises an electronic medication management system. There are two medication rooms on the ground floor and two on the first floor, all have secured keypad access. Medication fridges had daily temperature checks recorded and were within normal ranges. Medication room temperatures are being monitored and are below 25 degrees. The facility uses four weekly robotic rolls, and all medications were securely and appropriately stored. Registered nurses or senior caregivers who have passed their</p>

		<p>competency, administer medications. Medication competencies are updated annually.</p> <p>Eighteen medication profiles were sampled (six rest home including one YPD, and 12 hospital including four YPD and one respite). 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. There were a total of six residents self-administering on the day of audit, all had competencies completed and reviewed three monthly by the GP. 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.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The kitchen is spacious and designed well. There is a kitchen manager who is also a qualified chef. The team consists of five kitchen assistants and cooks. All kitchen staff have completed education in safe food handling.</p> <p>The menu follows a summer/winter pattern and follows a rotational pattern. The menu was recently reviewed by a qualified dietitian and is in line with recognised nutritional guidelines for older people. A food control plan was in place and current, verified by the city council.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation. The kitchen was observed to be clean and orderly with evidence shown of stock rotation. Food temperatures, including for high risk items are monitored appropriately and recorded.</p> <p>A nutritional assessment is completed on admission and reviewed six monthly or sooner if indicated. Preferences, allergies, likes and dislikes, special diets (eg, diabetic), and modified texture requirements are accommodated in the daily meal plan. Specialised cutlery is available and those requiring assistance are given so in a manner that maintains their dignity. A mealtime observed during the audit showed that there was sufficient time to eat in an unhurried fashion and that the dining</p>

		room was uncluttered with space to move freely between the tables
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	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>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Bupa assessment booklets and LTCPs reviewed were comprehensively completed for all eight of the nine resident files reviewed. The respite file reviewed included assessment which linked to the short-stay care plan. 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 long-term residents and inform the care plan. There is evidence that the ARC Covid 19 screening tool is utilised for new admissions.</p> <p>Pain, skin and nutritional assessments were completed for the resident with the current pressure injury as necessary.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	Care plans reviewed demonstrated service integration and demonstrated input from allied health. The interRAI assessment process informs the development of the residents' care plan. Resident care plans were not all individualised. Care plans reviewed for three YPD residents evidenced participation in management of own wellbeing and physical needs. Family members interviewed confirmed care delivery and support by staff is consistent with their expectations. 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

		<p>was evidence of service integration with documented input from a range of specialist care professionals.</p> <p>Community wound care services and a dietitian were involved in the care of one resident with a pressure injury.</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 Low</p>	<p>Residents and families interviewed, reported their needs were being met and are satisfied with the delivery of service. There was documented evidence of relative contact for any changes to resident health status. The RN initiated a GP visit when a resident's condition changed and this was evident in the progress notes.</p> <p>Continence 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>All wounds had 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>On the day of audit, there were 24 wounds documented for both floors. The wounds included; four cancerous lesions, twelve skin tears, six chronic venous ulcers (same resident), one stage-two and one stage-three pressure injury. The community wound care specialist had reviewed the pressure injuries and care plans reflected the specialist input. Not all wound assessments were fully completed and some wound documentation included two wounds on one form.</p> <p>Short-term care plans were in place for short-term/acute needs, these were 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 were not limited to), weight and vital signs including neuro observations, blood glucose, pain, restraint, food and fluid, turning charts, sighting charts</p>

		(intentional rounding), behaviour monitoring as required. Monitoring forms evidenced that the required observations were being completed in the prescribed timeframes.
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The team comprises of three activities persons including a diversional therapist (activities coordinator). The 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.</p> <p>Activities were evidenced occurring in each unit. Care staff were observed at various times throughout the day involving residents from all levels of care in a range of activities. There are activity plans documented in all the files reviewed. There are resources available for care staff to use for one-on-one time with the resident when activity staff are not available. Staff could describe how YPD residents on disability contracts participate in a range of community events and activities consistent with their needs.</p> <p>On or soon after admission, a social history is taken and information incorporated 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. Progress notes related to the individual participation in activities are maintained. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. Families and residents interviewed reported satisfaction with the activities provided.</p> <p>Young People: There is a dedicated activities assistant who provides activities for the younger residents. Activities include special movies, ABBA sing-alongs, the activities team involve the younger residents in the talent competitions. Outings include 10 pin bowling, shopping trips and trips to Orana Park.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a</p>	FA	<p>The files reviewed demonstrated that all interRAI assessments and care plans reviewed were evaluated at least six monthly or when changes to resident care occurs (link 1.3.5.2). Short-term care plans for short-term</p>

<p>comprehensive and timely manner.</p>		<p>needs were evaluated and either resolved or added to the long-term care plan. All changes in health status were documented and followed up. The multidisciplinary review involves the RN, GP, activities staff, resident, relatives, unit coordinator and clinical manager. The files reviewed reflected evidence of relatives being involved in the planning of care and reviews. In all the files sampled care plans have been read and signed by either the resident (where appropriate) or the relative. There is at least a three-monthly review by the GP with the majority of residents being seen monthly. The relatives 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 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>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 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 such as the Nurse Maude wound specialists, speech and language therapist, and occupational therapist.</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 area. All chemicals sighted were clearly labelled with manufacturers' labels and stored in locked areas in all services. Safety datasheets and product sheets are available. Hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and visors are available for staff. The maintenance person, caregivers and registered nurses 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>PA Low</p>	<p>The building holds a current warrant of fitness which expires on 1 October 2020. Fire equipment is checked by an external provider. The maintenance person interviewed described the reactive and preventative maintenance that occurs. Essential contractors are available 24/7. There is a 52-week planned maintenance programme in place, however not all wheelchairs had foot plates in place. Electrical equipment has been tested and tagged. Hot water temperature is monitored weekly in resident areas and at hot water cylinders. There is sufficient equipment available to staff in all areas such as full body hoists, standing hoists moving and handling equipment and pressure relieving equipment. Electrical equipment has been calibrated and due for retesting on December 2020.</p> <p>The facility is across two levels and divided into five communities. On the ground floor there are two communities, Peer community and Brodie community. In Peer community, there are a total 21 beds. The second community on the ground floor is Brodie community. Brodie community has a total of 28 beds (with two double rooms currently single use (26 beds)). On the second floor, there are three self-contained communities. Yaldhurst wing has 25 beds (one double room). Athol wing has 21 rooms. There is also a smaller wing (Ilam wing) that has a total of seven premium rooms. There are two lifts between floors and four staircases. The lifts are large enough for a stretcher bed. Residents are encouraged 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 corridors are wide enough around the facility and handrails available to promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. There are areas to wander inside and outside with well-maintained garden areas easily accessible to residents using mobility aids. There is outdoor furniture and shaded areas in the downstairs gardens and courtyards. Two wings on the first-floor open onto shaded balcony areas.</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>	<p>FA</p>	<p>Both floors have a mobility toilet near each of the large lounge areas which allow for the use of mobility equipment. Communal toilets and bathrooms have appropriate signage and locks on the doors. Visitor and staff toilets are available and contain flowing soap and paper towels. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. There is a mobility bathroom with shower bed on each floor.</p> <p>Each resident room has either a shared ensuite or single ensuite, which have been designed for hospital level care and allows for the use of mobility equipment. Shared ensuites have locks and green/red lights to identify they are occupied. The opposite door in the shared ensuite automatically locks when in use (interlocking). These can be opened by staff in an emergency.</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>	<p>FA</p>	<p>Resident's rooms are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. Brodie wing has two double rooms and Yalhurst wing has one double room, which can be occupied by married couples. These rooms have privacy curtains when required.</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>	<p>FA</p>	<p>There is a spacious open plan lounge/dining area in each of the four larger communities. The smaller seven-bed Ilam community has a smaller more intimate lounge and kitchenette. Each of the four larger communities also have another smaller lounge available. There is a café room on the ground floor which is accessed by residents and relatives. Activities occur throughout the facility and in the lounge areas. The open plan lounge areas are spacious and can be used for activities and small groups as well as for private social interaction.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and</p>	<p>FA</p>	<p>All laundry is transferred off-site to Bupa Cashmere for laundering. There is a laundry on the ground floor that is used for incidentals. The laundry is large and has been designed to manage all laundry if needed.</p>

<p>laundry services appropriate to the setting in which the service is being provided.</p>		<p>There are areas for storage of clean and dirty laundry. There is a laundry manual and cleaning procedures are available. Internal audits are completed as scheduled. The cleaners' cupboards are designated areas and lockable for storage of chemicals and are stored securely. Residents and relatives interviewed confirmed satisfaction with the laundry and cleaning. Housekeeping and laundry staff have completed training in chemical safety.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems 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 was a first aid trained staff member on every shift. The facility has an approved fire evacuation plan and fire drills occur six monthly. Smoke alarms, sprinkler system and exit signs were in place. All secure doors are connected to the fire alarms. The service has alternative gas facilities for cooking in the event of a power failure with a backup system for emergency lighting and battery backup and a generator is available. Oxygen cylinders are available. There is a civil defence kit on each floor, and stored water including an emergency water tank meets the Ministry of Health (MOH) storage requirements. Call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms. The facility is secured at night and a security officer checks the exterior of the facility twice overnight.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The facility has plenty of natural light. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways and lounges. There are heat control panels in individual rooms. Bathrooms have waterproof infrared heaters. There is a designated smoking area for residents to use in the Peer community outdoor area.</p>
<p>Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall</p>	<p>FA</p>	<p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well-informed about infection control practises and reporting. The infection control coordinator (RN) is responsible for</p>

<p>be appropriate to the size and scope of the service.</p>		<p>infection control across the facility. The infection control committee and the Bupa governing body is responsible for the development and review of the infection control programme.</p> <p>Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. Residents are offered the influenza vaccine. There have been no outbreaks.</p> <p>Covid 19 education has been provided for all staff, including hand hygiene and use of PPE. There are very informative posters detailing the process for isolation, use of personal protective equipment (PPE) and infection control processes. Bupa has implemented weekly teleconferences which consist of updates, education and discussion. All visitors are required to provide contact tracing information. All new residents are isolated for two weeks.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme. The infection control committee meet quarterly, although more frequent infection control information and training was evident more recently around the Covid 19. Resources and support are available through the Bupa quality &amp; risk team, external specialists, microbiologist, GPs and nurse practitioners, wound nurse and DHB when required.</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. Policies are updated regularly and directed from head office.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the</p>

		<p>mandatory in-services that are held for all staff as well as updated for new infections, and spikes in recording infections.</p> <p>The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking.</p> <p>Consumer education is expected to occur as part of the daily care.</p>
<p><b>Standard 3.5: Surveillance</b></p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data including trends, analysis and corrective actions/quality are discussed at staff and clinical meetings.</p> <p>Infections are entered into the electronic database for benchmarking. Corrective actions are established where trends are identified.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were two hospital level residents using restraints and five hospital level residents using bedrails as enablers. The restraint coordinator is an RN who reviews all residents with restraint and enablers monthly. The coordinator also monitors and maintains records, checks staff compliance and documentation. Representatives on the restraint committee are Unit Co-ordinators, Clinical manager, RN and carers.</p> <p>Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff</p>

		<p>competency on RMSP/enablers has been provided. Restraint is discussed as part of staff meetings and in separate, monthly restraint meetings.</p> <p>One file of a resident using a restraint and one with an enabler reflected evidence of an assessment, consent process and six-monthly reviews. The use of restraint and use of an enabler were linked to the residents' care plans.</p>
<p><b>Standard 2.2.1: Restraint approval and processes</b></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 restraint approval process is described in the restraint minimisation policy. The roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood, evidenced in interviews with the restraint coordinator and care staff. Restraint processes identify the indications for restraint use, consent process, duration of restraint and monitoring requirements. Staff are required to complete a restraint competency every year.</p>
<p><b>Standard 2.2.2: Assessment</b></p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Assessments are undertaken by the registered nurses in partnership with the resident and their family/whānau. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. There is a restraint assessment tool available, which is completed for residents requiring an approved restraint for safety. Ongoing consultation with the resident and family/whānau is also identified.</p> <p>A restraint assessment form is completed for those residents requiring restraint (sighted). Assessments consider the requirements as listed in criterion 2.2.2.1 (a) - (h).</p>
<p><b>Standard 2.2.3: Safe Restraint Use</b></p> <p>Services use restraint safely</p>	FA	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. Monitoring and observation are included in the restraint policy.</p> <p>The restraint coordinator is responsible for ensuring all restraint documentation is completed. The approval process includes ensuring</p>

		<p>the environment is appropriate and safe. Assessments identify the specific interventions or strategies to try (as appropriate), before implementing restraint. Restraint authorisation is in consultation with the resident (as appropriate) and/or family/whānau and the facility restraint coordinator. Restraint use is reviewed monthly by the restraint coordinator as well as during the facility restraint meetings and also as part of the three-monthly resident reviews.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring requirements are documented, and the use of restraint evaluated regularly by Bupa, in-keeping with its intentions to minimise restraint usage.</p> <p>One resident file was selected for a resident using restraint (a bed rail). Restraint assessments were completed, consent for restraint was obtained, and the risks associated with restraint use were documented in the resident's care plan.</p>
<p>Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint evaluation considers the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the ongoing reassessment for residents on the restraint register, and as part of their care plan review. Families are included as part of this review where possible.</p> <p>Two resident files reviewed one for restraint use and one with an enabler. Both the enabler and the restraint had been in use for over three months and evaluations had taken place a minimum of three monthly.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Restraint usage throughout the Bupa organisation is monitored regularly. The review of restraint use across the Bupa facilities is discussed at the regional restraint approval group meetings. Reduction of restraint is an ongoing target as staff work to reduce the number of restraints. The organisation and facility are proactive in minimising restraint while also keeping residents safe. A restraint education and training programme is in place, which includes restraint competencies.</p>

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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	<p>Nine resident files were reviewed for this audit. Within the sample there were six hospital (two ARC, one respite, one ACC contract, one SMI contract and one YPD on disability contracts) and three rest home residents including (one ARC contract, one LTSCCH contract and one YPD resident on a disability contract).</p> <p>Each resident file reviewed included a recently updated care plan, but the care plans were not fully individualised. Care plans documented interventions around management of behaviours that challenge, skin care for a resident with a pressure injury, care of a resident with diabetes, and weight management plans for unintentional weight loss.</p>	<p>The following shortfalls were identified in the files reviewed:</p> <p>(i) The care plan interventions were not reflective of current evaluations for one rest home resident with unintentional weight loss and four hospital residents including one YPD (hospital) social care plan, one hospital level resident with a supra pubic catheter.</p> <p>ii) The care plan interventions were not individualised around cultural beliefs for two rest home and two hospital (including ACC) resident, de-escalation techniques for one rest home (LTS-CHC), and current infection status for one rest home</p>	<p>(i) Ensure care plans are reflective of current evaluations.</p> <p>(ii) Interventions to be individualised in the care plan.</p> <p>90 days</p>

			resident.	
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	<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 management plans were evidenced for all wounds but not all assessments were fully complete and not all wounds had an individual form. All complex wounds evidenced assessment and input from an external wound care nurse specialist. Monitoring forms were being utilised and all the required monitoring was fully documented.</p>	<p>(i) Wound assessments were not fully completed for four hospital and one rest home resident.</p> <p>(ii) Two wounds of a hospital resident were documented on the same management plan.</p>	<p>(i) Ensure wound documentation is fully completed.</p> <p>(ii) Each wound reflects on its own management chart.</p> <p>60 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>A maintenance plan is in place and has been fully implemented with records maintained by the maintenance person. All electrical equipment has been checked and calibrated annually. On the days of the audit it was noted that not all wheelchairs have foot plates in place. The maintenance person reported this is unfortunately an ongoing issue he has found during maintenance checks.</p>	<p>Not all wheel chairs on both floors of the facility have footplates in place.</p>	<p>Ensure all wheelchairs used for residents have foot plates in place or are removed from service.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.