Bupa Care Services NZ Limited - Hugh Green Care Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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:	Hugh Green Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 16 September 2020 End date: 17 September 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: 97

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Hugh Green is part of the Bupa group of aged care facilities. The care facility has a total of 100 beds certified for rest home, hospital and secure dementia levels of care. During the audit there were 97 residents at the facility.

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 service is managed by an experienced management team. The general manager is supported by a clinical manager, unit coordinators and a Bupa regional manager.

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

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

There are no improvements required by the service.

A continuous improvement rating has been awarded around restraint minimisation.

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.

Policies and procedures that adhere with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. The welcome/information pack includes information about the Code. Residents and families are informed regarding the Code and staff receive ongoing training about the Code.

The personal privacy and values of residents are respected. There is an established Māori Health plan in place. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirm that residents and (where appropriate) their families are involved in care decisions. Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health.

There is an established system for the management of complaints, which meets timeframes determined by HDC.

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.

Services are planned, coordinated, and appropriate to the needs of the residents. A general manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of regular reviews.

Bupa Hugh Green is implementing the Bupa organisational quality and risk management system that supports the provision of clinical care. Quality and risk performance are reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes reflected a culture of continuous quality improvements. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff that is specific to the role and responsibilities of the position. Ongoing education and training for staff is being implemented.

The staffing levels meets contractual requirements. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.

There is a comprehensive admission package available prior to or on entry to the service. Resident 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 include one to three monthly reviews by the general practitioners. There is evidence of other allied health and specialist input into resident care.

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

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

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.

There is an approved evacuation scheme and emergency supplies for at least three days. At least one first aid trained staff member is on duty at all times.

Chemicals are stored securely throughout the facility. The building holds a current building WOF. Resident rooms are single, spacious and personalised. All rooms, ensuites and communal bathrooms are large enough for mobility equipment. There is a mobility bathroom with shower on each floor. Communal areas within each area/community are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and hoists have been serviced and calibrated. Hot water temperatures are monitored.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		All standards applicable to this service fully attained with some standards exceeded.

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. There have been no residents using restraints since the facility opened. Restraint management processes are available if restraint is used.

Infection prevention and control

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

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	44	0	0	0	0	0
Criteria	1	92	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location in English and in te reo Māori. Policy relating to the Code is being implemented. Staff receive training about the Code during their induction to the service. This training continues through in-service education. Interviews with 20 staff (six caregivers who work across all three shifts, two unit coordinators/registered nurses (RNs), three staff RNs, one maintenance, two laundry, one household supervisor (kitchen), one physiotherapist, one physiotherapy assistant, three activities staff) reflected their understanding of the key principles of the Code. They can apply this knowledge to their job role and responsibilities.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There were signed general consents including outings in all 10 resident files reviewed. Resuscitation treatment plans, and advance directives were completed in the files reviewed. Discussions with caregivers, and registered nurses (RNs) confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.

		Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives. Informed consent processes were also being reviewed through the six-monthly MDT meeting with residents and relatives and also links to the quality system through satisfaction surveys and internal audits.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident meetings are held three monthly and relative meetings take place three monthly. Regular newsletters are provided to residents and relatives.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy describes the management of the complaints process. 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 reporting complaints. There is a complaint register that is held both in hard copy and electronically. Thirteen complaints were lodged in 2019 and five complaints have been lodged in 2020 (year to date). There was documented evidence of each complaint being acknowledged, investigated and resolved. Timelines determined by HDC were met, and corrective actions were actioned. Details around these complaints and the developed corrective action plans were discussed in staff meetings, evidenced in the quality and general staff meeting minutes. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.

Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The managers (general manager, clinical manager) and RNs discuss aspects of the Code with residents and their family on admission. Further discussions relating to the Code are held during the (three-monthly) residents and (three monthly) family meetings. Seven residents (three rest home level and four hospital level) and three relatives (dementia level) interviewed confirmed that the residents' rights are being upheld by the service.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents reported that they are treated with dignity and respect. Privacy is ensured, and independence is encouraged. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect and staff receive training.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, and cultural and ethnic backgrounds of Māori are valued and fostered within the service. Staff encourage active participation and input of the family/whānau in the day-to-day care of the resident. At the time of the audit there were three residents who identified as Māori living at the facility. One resident (hospital level) was interviewed who did not identify with her Māori heritage but stated that her needs were being met. A second resident file (dementia level) was reviewed. A Māori health plan was being implemented to address three key objectives: acknowledging and meeting the right of the Māori resident to practice their cultural values and beliefs; ensuring the holistic framework of Te Whare Tapa Whā is adhered to; and recognising the Treaty of Waitangi and working in partnership with iwi in the delivery of care. Māori consultation is available through Te Puna Hauora o Te Raki Paewhenua (health and social services) and Māori staff. At the time of the audit the facility was celebrating Māori language week. A kapa haka group visits the facility regularly. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic (14 July 2020). The caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents. Rooms are blessed following a death and staff farewell the resident as they exit the facility. Staff are reminded to serve meals to the side of the residents (and not over their heads).

Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. Residents and relatives interviewed confirmed they were involved in developing their plan of care, which includes the identification of individual values and beliefs. All ten care plans reviewed included the resident's social, spiritual, cultural and recreational needs. One resident identified as Russian. English was not well understood by this resident. Cue cards, downloaded from the Auckland DHB, are used for communication in addition to family. Video conferencing is being utilised with family during the Covid-19 lockdown with the family reporting the resident is very happy living at the facility.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with 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.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. A general practitioner (GP) visits the facility twice per week. The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. The service receives support from the local district health board (DHB). Physiotherapy services are provided on site, five days per week with a physiotherapy assistant employed to assist a contracted physiotherapist. A podiatrist is on site every two weeks. The service has links with the local community and encourages residents to remain independent. External visits from health professionals include (but are not limited to) a dietitian, mental health services, and palliative care/hospice. Bupa Hugh Green is benchmarked against Bupa dementia, rest home and hospital data. If the results are above the benchmark, a corrective action plan is developed and implemented. All Bupa facilities have a master copy of all policies and procedures and a master copy of clinical forms filed alphabetically in folders. These documents have been developed in line with current accepted best and/or evidence-based practice. There is a regular in-service education and training programme

		for staff. A number of core clinical practices also have education packages for staff. The 2019 resident and family satisfaction survey results reflected an overall net promoter score of +73% (76% promotors, 22% passive and 2% detractors). Corrective actions are completed in areas identified for improvements. This information is posted in a visible location for all to read. The 2020 resident/family satisfaction survey has been completed but results have not yet been released. A regular newsletter updates the residents and families about past and future events and developments both within Bupa Hugh Green and the Bupa organisation as a whole. This year Bupa Hugh Green was awarded Bupa's Care Home of the Year 2020 runner up award. This was in recognition of their performance and achievements, including establishing and embedding systems, developing the team and culture, and ultimately ensuring residents are at the centre of everything they do.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	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. Fifteen incidents/accidents 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 and/or if an adverse event had occurred. Interpreter services are available if needed. Staff and family are utilised in the first instance.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Hugh Green Care Home is part of the Bupa group of aged care facilities. The service is certified to provide rest home, dementia and hospital (medical and geriatric) levels of care for up to 100 residents. On the day of the audit there were 97 residents (19 rest home level, 54 hospital level and 24 dementia level). All rest home and hospital beds are certified for dual purpose. At the time of the audit, one resident (dementia) was on an ACC contract and one resident (rest home) was on respite. The remaining residents were on the aged residential care contract (ARCC). Bupa's overall vision and values are displayed in a visible location. All staff are made aware of Bupa's 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 at every staff and quality meeting and are signed off when achieved. New goals are set every year. The general manager has over 30 years of experience in aged care. He was employed by Bupa

		as a care home manager for Hugh Green since it opened in November 2016. Recently he has been promoted to general manager with added responsibilities including the (adjacent) retirement village. His background in health includes work as a physiotherapist in the UK. He is supported by an administrator, a clinical manager/RN and three-unit coordinators/RNs (with one-unit coordinator position vacant at the time of the audit). The clinical manager has been working as an acting clinical manager from November 2018 to November 2019 and since June 2020 to fill the vacancy left by the previous clinical manager. The first day of this full certification audit was the first day in his role as permanent clinical manager. A section 31 report has been sent to HealthCERT to notify them of this change. When not working in an acting clinical manager role, he was a unit coordinator for Hugh Green (rest home and hospital level residents) and will continue to assist in this role until the unit coordinator vacancy is filled. He has worked in aged care for over five years. The general manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.
Standard 1.2.2: Service Management 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.	FA	The clinical manager is responsible for the overall operations of the facility when the general manager is absent.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	Quality and risk management programmes are being implemented and interviews with the managers and staff confirmed their understanding of these systems. 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 process is currently being implemented to ensure that documents, including, (but not limited to) policies and procedures, are kept up to date. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Quality indicator data collected (eg, falls, medication errors, antipsychotic drug usage, wounds, skin tears, pressure injuries, complaints) are collected, collated and analysed with results communicated to staff. Corrective action plans are established and implemented for indicators

		above the benchmark. An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative. Quality and risk data, and corrective action plans are shared with staff via meetings and also by posting results. The health and safety programme includes a specific and measurable health and safety goal that is developed by head office and is regularly reviewed. Staff undergo annual health and safety training which begins during their orientation. All staff are provided with written information about their responsibility under the Health Safety at Work Act 2015 (HSWA). Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. Bupa belongs to the ACC Partnership Programme (expiry 31 March 2021) and have attained the tertiary level. Every Thursday is 'Step Thursday' at Hugh Green, forming part of Bupa's employee wellness programme which promotes the use of stairs as opposed to the elevator. The falls prevention programme includes strategies that have been in place including (but are not limited to) ensuring call bells are placed within reach, the use of sensor mats, chair sensors, perimeter mattresses, encouraging participation in activities, physiotherapy input, regular toileting and intentional rounding. A falls focus group meets monthly to discuss and develop falls prevention strategies for residents who are considered at a high risk of falling. The facility has been involved with the Auckland University of Technology 'Standing up to Falls' research programme which is supported by the falls focus group and falls champions.
Standard 1.2.4: Adverse Event Reporting 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.	FA	There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all fifteen accident/incident forms reviewed (two absconding, two skin tears, one bruise, ten falls). Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to minimise the number of incidents. Clinical follow-up of residents is conducted by a registered nurse. Unwitnessed falls include neurological observations, evidenced in five accident/incident forms. Discussions with the clinical manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, section 31 reports have been completed for pressure injuries, police investigations (absconding residents), and the appointment of the clinical manager. Public health authorities and the DHB are notified when there is a suspected outbreak.

Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resource management policies in place which include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Ten staff files reviewed (four caregivers, two staff RNs, one kitchen assistant and three activities assistants) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is specific to the job role and responsibilities. The education programme being implemented is extensive and includes in-service training, competency assessments, and impromptu (toolbox) talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements. Twenty-three caregivers have completed their NZQA dementia qualification and twenty-seven staff (who have been employed less than eighteen months) are enrolled. In addition to in-service education, RN staff attend external DHB education. Seven of thirteen RNs have completed their interRAI training. A first aid trained staff is always present on site and on activity outings. In-house chemical safety training for applicable staff (including but not limited to housekeeping, laundry, kitchen staff) was completed on 26 February 2020.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	A staff rationale and skill mix policy is in place. The general manager and clinical manager are employed full-time (Monday – Friday). They are supported by three-unit coordinators/RNs with one-unit coordinator position vacant at the time of the audit. The care facility covers three floors with an elevator placed in an accessible location. The secure dementia unit with an occupancy of 24 residents, is on the ground floor (level one) and the dual-purpose (rest home/hospital) beds are located on the second level (12 rest home and 31 hospital) and third level (7 rest home and 23 hospital). Staffing in the dementia wing includes either a unit coordinator/RN, an RN or a senior caregiver on the AM and PM shifts. One long and two short shift caregivers assist the RN on the AM shift, and one long and one short shift caregiver assist for the PM shift. One caregiver covers the night shift with a second flexi-shift caregiver is available if the resident(s) are unsettled. In addition to a unit coordinator/RN four days a week, level two is staffed with two RNs on the AM shift, one RN on the PM shift and one RN on the night shift. Six caregivers (three long and three short shift) cover the AM shift, four caregivers (two long and two short shift) caregivers cover the PM shift and two caregivers cover the night shift (with three caregivers available if the resident

		acuity is high. Level three is staffed with one RN on each shift. The clinical manager is fulfilling the role of the unit coordinator on this floor until the vacancy is filled. Two long and three short shift caregivers cover the AM shift, two long and two short shift caregivers cover the PM shift, and one caregiver covers the night shift. Activities staff are rostered seven days a week, with one designated activities staff on each of the three floors. Separate cleaning and laundry staff are rostered seven days a week. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Electronic records are also secure using cloud-based technology.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	There are policies and procedures to safely guide service provision and entry to services, including a comprehensive admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/whānau at entry, including specific information around secure dementia care. The admission agreement reviewed aligns with the service's contracts. Ten admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. Transfers to the hospital and back to the facility post-discharge, was well documented in progress notes for one file reviewed.

Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	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 chart and any pharmacy errors recorded and fed back to the supplying pharmacy. The service uses an electronic medication management system and robotic packs. The service is using standing orders, the standing orders included a documented annual review. Registered nurses, enrolled nurse and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Other competencies completed by RNs include insulin administration and syringe driver. Medication administration observed on each of the three floors all documented a safe process. The medication fridges and rooms on each floor had temperatures recorded daily and these were within acceptable ranges. Twenty medication charts were reviewed across three floors. Photo identification and allergy status were documented. All electronic medication charts had been reviewed by the GP at least three-monthly.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals at Bupa Hugh Green are prepared and cooked on site. There is a Bupa wide seasonal menu which has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met. Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. A current food control plan is in place expiring end of September 2020. The re-audit was delayed due to Covid-19. Kitchen staff have completed food safety education. Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow the opportunity for resident feedback on the meals and food services generally. Residents and relatives interviewed were satisfied with the meals and confirmed alternative food choices were offered for dislikes. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. During lockdown the service ensured that additional snacks and treats were made available to residents as they were unable to visit shops to access the additional snacks.

Standard 1.3.2: Declining Referral/Entry To Services 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.	FA	The service records the reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency if entry were declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The facility has embedded the interRAI assessment protocols within its current documentation. Bupa assessment booklets on admission and care plan templates were comprehensively completed in the resident files reviewed. InterRAI assessments including assessment summary, MDS comments and client summary reports were evident in printed format in all files. All files reviewed identified that risk assessments have been completed on admission and reviewed at least six-monthly as part of the evaluation and multi-disciplinary review process. Additional assessments for management of behaviour, pain, wound care and restraint were completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Ten resident files were reviewed for this audit. Three at rest home level, three from the secure dementia unit and four at hospital level. Nine of the ten were for long term residents and one short term respite (rest home level). Care plans reviewed overall were individualised and demonstrated service integration and input from allied health and specialists. Long-term care plans sampled identified interventions to support current medical needs and links to specialists involved in resident care. Of the 10 resident files reviewed; all included all interventions to support all current assessed needs. Residents and family members interviewed confirmed they are involved in the development and review of care plans. Short-term care plans were in use for changes in health status.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired	FA	The resident care summary and care plans reviewed included interventions that reflected the resident's current needs. When a resident's condition changes the RN initiates a GP visit or specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Registered nurses were regularly involved in resident daily care and ongoing assessments as identified in the

outcomes.		progress notes. Continence products are available and resident files include 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. Wound care folders were reviewed in each of the three areas (top floor, middle floor and dementia unit). A sample of wound documentation was reviewed including a review of the five current pressure injuries (four facility-acquired grade 2, and one non-facility acquired grade 2). Wound assessment and management plans provide a record of wound progress and these are being documented as per policy. Monitoring charts were well utilised at Bupa High Green and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.
Standard 1.3.7: Planned Activities 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.	FA	Activities are provided across seven days with activities held during the morning and afternoons. There is a programme per floor with one-on-one activities also provided. The activity team is led by a diversional therapist (DT) who leads a team of another DT and an activities person who is about to graduate as a DT. The activities team ensure all residents have a map of life competed on admission. They develop the activities and socialisation section of the care plan and ensure reviews are completed at least six-monthly. Attendance records were maintained in the resident files reviewed. The monthly planner is developed to include a range of activities. An activities wall is brightly illustrated which advertises the activities each month. There are a wide range of activities and residents from the dementia unit often join mainstream activities as well as having dementia-specific activities in the secure unit. Family members are encouraged to join in activities, including van trips. Activities include themed activities, tai chi, dog visits, school visits, bingo, library, church services and singalongs. The service also provides ‘big events’ such as a masquerade ball, and country and western party. One-on-one activities include talking to the residents individually, hand massages, passive exercises, going for walks around the gardens, and reminiscing with photos in resident rooms. Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. Residents and family interviewed stated the activity

		programme was varied and there were lots to choose from. Interviews with residents, relatives and staff confirmed they fit in well with other residents and enjoy the activities together.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Written evaluations reviewed described the resident's progress against the residents identified goals. InterRAI assessments have been completed in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were implemented and evaluated. There was documented evidence where long-term care plans had been updated where health conditions had changed. The multidisciplinary review (MDR) involves the RN, GP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. Residents interviewed confirmed involvement in the MDR meetings. There is at least a one or three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	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. 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 unit coordinators and RNs identified that the service has access to a wide range of support either through the GP, Bupa specialists and allied services. Files reviewed included referral to a number of services including (but not limited to) dietitian, wound care specialist, speech language therapist, and occupational therapist.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies and procedures on waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There are documented policies and procedures and an emergency plan to respond to significant waste or hazardous substance management. Material safety datasheets are available in the laundry and the sluices on each floor. There is a secure sluice on each floor with a sanitiser. There is a sharps container in the treatment rooms on each floor. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks

		and duties for which protective equipment is to be worn.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The service displays a current building warrant of fitness. Hot water temperatures are checked monthly. Medical equipment and electrical appliances have been tested and tagged and calibrated. A maintenance person is employed full-time. A reactive and preventative maintenance programme is being implemented. There are contractors for essential service available 24/7. The corridors are wide with handrails and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. There is a lift between floors that is large enough for stretcher bed. There are sufficient seating areas throughout the facility. Caregivers interviewed confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in the care plans. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. The service has completed a garden beautification project which involved resident participation and has enhanced the outside of the front of the building immensely.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	There are rooms with full ensuites, rooms with shared ensuites and rooms without ensuites. There are sufficient numbers of resident communal toilets and showers in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms are personalised.

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a large lounge and dining room on each level. The dining rooms and lounges are spacious. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they are able to move around the facility and staff assisted them when required. Activities take place in any of the lounges.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are designated housekeeping staff who complete the cleaning and laundry service. The lockable cleaning trolley is well equipped, and all chemicals are labelled, the trolley is locked and stored in a locked room when not in use. Protective wear including plastic aprons, gloves, masks and goggles are available in the laundry. Staff observed on the day of audit were wearing correct protective clothing when carrying out their duties. The laundry has a clean/dirty flow. Internal audits monitor the effectiveness of the laundry service. Residents expressed satisfaction with cleaning and laundry services.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	There are emergency/disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. At least one staff member is on duty at all times with a current first aid certificate. The facility has an approved fire evacuation scheme. Fire evacuation drills take place every six months at a minimum. Smoke alarms, a sprinkler system and exit signs are in place. The service has alternative gas facilities for cooking in the event of a power failure, with a back-up system for emergency lighting and battery back-up. The civil defence kit is checked three-monthly. There is sufficient water stored to ensure for at least three litres per day for three days per resident. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. Residents have call bells within reach (sighted), and this was confirmed during resident and relative interviews. The service has a visitors' book at reception for all visitors, including contractors, to sign in and out. The facility is secured at night. At the time of the audit, visiting hours were restricted due to Covid-19, with no visitors allowed without special permission. Covid-19 sign-in is mandatory for staff.
Standard 1.4.8: Natural Light, Ventilation, And Heating	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		family interviewed stated the environment was warm and comfortable.
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 be appropriate to the size and scope of the service.	FA	The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator is a registered nurse, and she is responsible for infection control across the facility. The committee and the Bupa governing body is responsible for the development of the infection control programme and its review. The facility infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, and the Bupa quality & risk team. The service has processes and procedures implemented to manage the risk posted by Covid-19. Bupa has implemented weekly teleconferences during Covid-19 lockdown to ensure staff have the most up-to-date information. Additional education has been provided around PPE and 100% of staff have attended. All residents are screened using the Covid-19 screen form prior to admission. New residents are isolated for 14 days following admission. All visitors complete a health questionnaire and wear masks.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	There are adequate resources to implement the infection control programme at Bupa Hugh Green. The infection control (IC) coordinator has maintained best practice by attending an external infection control and prevention training day. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
Standard 3.3: Policies and procedures 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	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policy updated reflects Covid-19 precautions.

organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	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. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice and group benchmarking. Infection control training is regularly held as part of the annual training schedule. IC competencies and toolbox talks are also held.
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.	FA	There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator (RN) collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data including trends is discussed at quality, health and safety, RN and staff meetings. Meeting minutes are available to staff. Trends are identified and analysed, and preventative measures put in place. The facility benchmarks with other Bupa facilities.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	CI	The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraints or enablers. This has resulted in a rating of continuous improvement. The clinical manager is the restraint coordinator. He understands strategies around restraint minimisation and maintaining a restraint free environment. 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 competency on RMSP/enablers begins during orientation and continues annually.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.1.1.4 The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.	CI	The facility has remained restraint-free since it opened in November 2016.	No residents have required the use of restraint since the facility opened with examples provided around strategies to managing challenging behaviours and residents at risk of falling. For example, three sheer curtains are used at the entrances to three residents’ rooms (dementia) to prevent other residents from entering their rooms. This has proven very successful. In addition, the clinical manager spends a considerable amount of time educating families on the benefits of not using restraints. Families are instructed on the risks of restraints and alternatives to keep their family member safe.

End of the report.