# Bupa Care Services NZ Limited - Parklands Hospital

## Introduction

This report records the results of a Partial Provisional 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** Parklands Hospital

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

**Dates of audit:** Start date: 9 June 2021 End date: 10 June 2021

**Proposed changes to current services (if any):** 1. The service has renovated and refurbished in the Matai hospital community. Currently half of Matai community is not being used, but the renovations are fully completed. Ten previous resident rooms have been converted into 10 large bedrooms (suites with kitchenettes). Four previous rooms with shared ensuites have been converted to bedroom only. Four larger rooms with previous shared ensuites are now single ensuited rooms. With the refurbishment of the Matai community (previously 36 beds including 10 dual-purpose), the community is now 31 beds. (This audit also verified them as all suitable as dual-purpose).

2. In Rata community (22 psychogeriatric beds across 20 rooms), there were two double rooms that have only ever been used as single rooms. Certified beds numbers in that wing will reduce to 20 beds (all single rooms).

3. Kowhai community (currently a 20-bed hospital unit) was verified as part of this audit as suitable to provide secure dementia level care. Residents currently in this wing will transfer to the newly refurbished Matai wing following HealthCERT approval.

4. This audit also included verifying the service as suitable to provide dementia level care and also residential-disability physical level care.

With the reconfigurations the service will provide care across five levels of care – hospital (geriatric and medical), rest home, specialist hospital (psychogeriatric level care), dementia level care and residential-disability physical level care.

The overall beds number will decrease from 134 beds to 127 beds.

The service is planning to open the other half of Matai and Kowhai as soon as approved.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 92

# 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.

## General overview of the audit

Bupa Parklands is part of the Bupa group. The service is currently certified to provide; psychogeriatric, hospital (medical and geriatric); and rest home level care services for up to 134 residents. On the day of audit there were 92 residents.

This partial provisional audit was completed to (i) verify the refurbishment of one of the hospital communities (Matai) and (ii) verifying the service as suitable to provide dementia level care (Kowhai community) and also residential-disability physical level care. The audit identified that the staff roster, equipment requirements, allied health input, documented systems and processes are appropriate for providing dementia and residential disability-physical level care.

With the reconfigurations, the service will provide support across five levels of care – hospital (geriatric and medical), rest home, specialist hospital (psychogeriatric level care), dementia level care and residential-disability physical level care. The overall beds number will decrease from 134 beds to 127 beds. The service is planning to open the other half of Matai and Kowhai as soon as approved.

The service is managed by a care home manager (RN) who has been in the role at Parklands since January 2021. The manager has experience in aged care management and is on a year contract while the previous care home manager is on maternity leave. The clinical manager has been in the role for six months and has 16 years’ experience with other Bupa services in clinical management roles. There are three-unit coordinators (RNs) who oversee two communities each. The management team is supported by the wider Bupa management team including a regional operations manager.

The service has addressed two of three previous audit shortfalls around progress notes, and monitoring. There continues to be an improvement required around care plan interventions.

This audit identified improvements required around, quality system, kowhai lighting and outdoor area, privacy and securing the environment.

## Consumer rights

Complaints processes are implemented, and complaints and concerns are managed and documented and learning’s from complaints shared with all staff.

## Organisational management

The care home manager is experienced in aged care and health and disability management. She is supported by a clinical manager, unit coordinators, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Health and safety policies, systems and processes are implemented to manage risk. An education and training programme are established with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate cover for the effective delivery of care and support.

## Continuum of service delivery

Care plans are developed in consultation with the resident and/or family. Care plans demonstrated service integration and are reviewed at least six-monthly. There is evidence of other allied health professional input into resident care.

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

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

All food and baking is done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans. Nutritional snacks are available 24 hours.

## Safe and appropriate environment

There are policies related to chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. There is a secure sluice room in each community.

There are currently six communities; Kauri, Rimu, Rata (psychogeriatric communities); Matai, Kowhai and Ngaio are hospital communities (Matai is dual-purpose). With the reconfiguration, Kowhai will change to a dementia unit.

There is a code of compliance for the reconfiguration. There is a 52-week planned maintenance programme in place. Electrical equipment has been tested and tagged. Equipment is calibrated by BV medical six monthly and annually.

The toilets, showers and ensuites have easy clean flooring and fixtures and handrails appropriately placed. All communal bathrooms allow for mobility equipment.

All resident rooms throughout the facility are spacious enough to manoeuvre transferring and mobility equipment to safely deliver care. This includes appropriate space in rooms for younger people with disabilities and equipment.

In Matai hospital community there are three lounges that look out to courtyards. There is adequate space in the Kowhai community to allow maximum freedom of movement while promoting safety for those that wander. There is an open plan dining/lounge area, seating and space can be arranged to allow for quiet areas and group activities.

All laundry is done off site at another Bupa facility. Laundry and cleaning audits are completed as part of the internal audit programme.

There are emergency and disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR were included in the mandatory in-service programme. There is a first aid trained staff member (RN) on every shift. The facility has an approved fire evacuation plan which did not require amendments as a result of the building renovations.

The internal areas are ventilated and heated. There is wheelchair access to all areas.

## Restraint minimisation and safe practice

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that is congruent with the definition in the standards. There are six (as required) T-belt restraints and one bedrail. There is one bedrail enabler. There is a restraint register for the facility. The restraint standards are being implemented and implementation is reviewed through internal audits, facility restraint meetings, and national restraint meetings and at an organisational level. Staff are trained in restraint minimisation and restraint competencies are completed annually.

## Infection prevention and control

The Bupa infection control programme is appropriate for the size and complexity of the service. The infection control officer is a registered nurse. There is a job description for the infection control (IC) officer and clearly defined guidelines. The infection control committee meets as part of the health and safety meetings. The quality meetings reviewed also include a discussion of infection control matters. The IC programme is reviewed annually by the IC&P specialist at Bupa head office. The IC coordinators across Bupa have monthly teleconferences. There are outbreak kits available at Parklands. There is a Bupa pandemic plan, and all visitors sign into the facility. Bupa Parklands has sufficient stored stock for an outbreak.

## Summary of attainment

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 19 | 0 | 4 | 1 | 0 | 0 |
| **Criteria** | 0 | 48 | 0 | 5 | 1 | 0 | 0 |

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

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the facility manager using an online complaints’ register. There were three complaints for 2020 (all verbal), and six complaints for 2021 year to date (all verbal). All complaints have been managed in line with Right 10 of the Code. A review of complaints documentation evidenced investigations and responses to the satisfaction of the complainant. There have been no formal written complaints. Discussion around concerns, complaints and compliments was evident in facility meeting minutes. Corrective actions were established as a result of complaints received, ie, a verbal complaint regarding handling of resident at night resulted in a toolbox talk in all communities around moving/handling.  There are currently two historical HDC complaints that remain open. The Ministry requested follow up against aspects of two complaints that included communication, assessment/pain management, medication management, quality and risk management systems and service delivery – moving/handling. This audit has identified issues around quality management (link 1.2.3.6). |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident’s file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Nine electronic accident/incident forms reviewed (May 2021) identified that family were kept informed. Two relatives interviewed stated that they are kept informed when their family member’s health status changes. There is a large noticeboard in the foyer that includes events, and news for family/visitors.  An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.  Family/EPOA are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. The information pack is available in large print. The service provides information to new family members that contains all they need to know about the service, key people and where everything is. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Bupa Parklands is currently certified to provide; psychogeriatric, hospital (medical and geriatric); and rest home level care services for up to 134 residents. On the day of audit there were 92 residents. This included 37 hospital residents (including six YPD, one resident under ACC, and one on an End-of-life contract). There was one rest home (ARC contract) and 54 residents across the three psychogeriatric communities (on ARHSS contracts).  Bupa Parklands is a two-storey building with all care services being provided on the first floor. Corporate offices and staff facilities are located in the second level.  This partial provisional audit was completed to verify a number of areas and the service’s ability to provide other certified levels of care.  (i) The service has renovated and refurbished in the Matai hospital community. Currently half of Matai community is not being used, but the renovations are fully completed. Ten previous resident rooms have been converted into 10 large bedrooms (suites with kitchenettes). Four previous rooms with shared ensuites have been converted to bedroom only. Four larger rooms with previous shared ensuites are now single ensuited rooms. With the refurbishment of the Matai community (previously 36 beds including 10 dual-purpose), the community is now 31 beds. This audit verified the newly refurbished areas as appropriate to provide dual-purpose level care across all 31 beds.  (ii) In Rata community (22 psychogeriatric beds across 20 rooms), there were two double rooms that have only ever been used as single rooms. Certified beds numbers in that wing will reduce to 20 beds (all single rooms).  (iii) Kowhai community (currently a 20-bed hospital unit) was verified as part of this audit as suitable to provide secure dementia level care. Hospital residents currently in this wing will transfer to the newly refurbished Matai wing following HealthCERT approval.  (iv) This audit also included verifying the service as suitable to provide dementia level care and also residential-disability physical level care. The audit verified that the staff roster, equipment requirements, allied health input, documented systems and processes are appropriate for providing dementia and residential disability-physical level care.  With the reconfigurations, the service will provide care across five levels of care – hospital (geriatric and medical), rest home, specialist hospital (psychogeriatric level care), dementia level care and residential-disability physical level care. The overall beds number will decrease from 134 beds to 127 beds. The service is planning to open the other half of Matai and Kowhai as soon as approved.  The service is managed by a care home manager (RN) who has been in the role at Parklands since January 2021. The manager has experience in aged care management and is on a year contract while the previous care home manager is on maternity leave. The clinical manager has been in the role for six months and has 16 years’ experience with other Bupa services in clinical management roles. There are three-unit coordinators (RNs) who oversee two communities each. The management team is supported by the wider Bupa management team including a regional operations manager (also based at Parklands).  The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.  A vision, mission statement and objectives are in place. Progress towards the achievement of annual goals for 2020 have been evaluated by the quality team. The annual goals for 2021 have been developed and include improvements to the activity programme, reducing pressure injuries by 50% and completing person-first training. Discussion with the care home manager and review of the quality programme document a focus on continuing to improve communication and staff education. |
| 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 | In the absence of the care home manager, the clinical manager is in charge. For extended absences, a Bupa relieving care home manager is rostered. |
| 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. | PA Low | Bupa Parklands is implementing a quality and risk programme. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. All new and updated Bupa policies are signed off as read at Parklands.  The annual quality goals are reported through meetings and progress to meeting the goals is discussed at meetings.  There is a documented meeting schedule, and a range of meetings are held. These include (but not limited to) bi-monthly quality meetings, monthly community staff meetings, bi-monthly H&S meetings, quarterly IC&P meeting, quarterly restraint meetings, monthly qualified staff meeting, weekly clinical review forums and bi-monthly meetings. Meeting minutes sighted evidenced staff discussion around accident/incident data and trends, health and safety, infection control, internal audit outcomes, complaints/concerns and survey feedback. There were some meetings postponed during lockdown in 2020. All meeting minutes are posted in the staffroom for staff to read. Information from key meetings such as quality meetings are disseminated down to community staff meetings.  The service collates accident/incident and infection control data. This is benchmarked across Bupa and reports provided. Monthly comparisons include trend analysis and graphs. While data and trends are provided in all meetings there is no documented evidence that corrective actions are established as a result of data analysis. An annual internal audit schedule confirmed audits are being completed as per the schedule. Corrective actions are developed where opportunities for improvements are identified and are signed off when completed. The annual resident and relative satisfaction survey 2020 has been completed.  There is an implemented health and safety and risk management system in place including policies to guide practice. Bupa belongs to the ACC partnership programme and have achieved primary level status. The care home manager with representatives from the kitchen, housekeeping, nursing, caregivers and maintenance team are responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. The H&S meeting discusses individual staff/resident incidents. H&S alerts are forwarded from head office to Parklands. They are often as a result of key adverse events in other facilities or equipment failures. Parklands have completed corrective actions as a result of alerts received. The national H&S goal around reduction of falls and slips on wet floors is monitored by the committee.  Falls management strategies include assessments after falls and individualised strategies. The weekly clinical review forums include discussion on residents at risk and those that have fallen. Corrective actions are established. The physiotherapist completes individual mobility and transfer plans for each resident. The Bupa OT and physiotherapist assists with identifying key equipment including specific mobility chairs for younger people with disabilities. |
| 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 resources policies to support recruitment practices. There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. Register of registered nurse (RN) and enrolled nurse (EN) practising certificates is maintained, both at facility level and access via the Nursing Council of NZ website via the Bupa Intranet. Website links to the professional bodies of all health professionals have been established and are available on the Bupa intranet. Seven staff files were reviewed (two-unit coordinator, two RNs, three caregivers). All files contained relevant employment documentation including current performance appraisals and completed orientations. All required staff have been employed and appropriate employment practices followed.  The organisation has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. The service has sufficient staff currently to cover the roster with the reconfigurations. Further staff will be employed as required.  Caregivers are supported to complete Careerforce. There are currently 63 caregivers at Parklands. There are 58 with level 2, 29 caregivers with level 3, 33 caregivers have completed the required dementia and psychogeriatric standards, 14 are in the process of completing (and have all commenced within the last 18 months) and 3 from level 4.  The service has determined that they will require 12 caregivers to work in the Kowhai dementia community. All have completed the required standards.  There is a comprehensive annual education planner in place that covers compulsory education requirements. A register is maintained to ensure all staff have completed. The planner and individual attendance records are updated after each session. In 2020 the service implemented compulsory training days. Each training day (learning essentials) was completed and designed to increase attendance. A review of the training records 2020 includes a high percentage of attendance. Topics included (but not limited to) Code of conduct, incident awareness and reporting, complaint feedback, wellbeing, H&S, injury management, risk management, code of rights, abuse & neglect, infection prevention & control, cultural awareness, challenging behaviours, food safety, chemical safety. There are also specific training days for care staff and activities and specific training days for qualified staff. Training also covers clinical emergencies and key clinical topics such as pain management, wound management, pressure injury management. Training topics also consider caring for younger people. The service continues to provide additional toolbox talks to follow up as a result of adverse events, complaints, and changes in resident care needs. Moving & handling training has been regularly provided to staff by the physiotherapist and all required staff have up-to-date moving & handling competencies that are completed annually.  A competency programme is implemented for all staff with different requirements according to work type (eg, support work, registered nurse, cleaner). Core competencies are required to be completed annually and a record of completion is to be maintained as per Bupa processes. RN competencies include assessment tools, BSLs/Insulin administration, controlled drug (CD) administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, CPR, and T34 syringe driver.  There are 3 enrolled nurses and 25 RNs (16 have completed interRAI training). The RNs also have access to external training and are encouraged to participate in the Bupa professional development and recognition programme. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | An organisational staffing policy aligns with contractual requirements and includes skill mixes. The wage analysis schedule is based on the safe indicators for aged care and dementia care and the roster is determined using this as a guide. A draft roster for Kowhai and Matai provides sufficient and appropriate coverage for the effective delivery of care and support. A report is provided fortnightly from head office that includes hours and whether there are over and above hours.  The roster is flexible to allow for the increase in resident numbers. Currently there is sufficient employed staff to cover the roster. Adequate RN cover is provided 24 hours a day, seven days a week. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes.  The care home manager and unit coordinators reported that extra staff can be called on for increased residents' requirements. The RNs are also available to assist with cares if required. Activities staff are rostered seven days a week in the psychogeriatric communities and four days a week in the hospital communities.  Matai community (31 dual-purpose beds).  There is one unit coordinator (RN) on morning shift that oversees Matai unit. A further RN is rostered 24/7 in Matai unit.  There are three caregivers 0700 – 1500 and one caregiver 0900 – 1300.  There are two caregivers 1500 – 2300, one caregiver 1600 – 2000 and one caregiver 1700 – 2100. There is one caregiver 2300 – 0700 with an RN.  Kowhai community (16 dementia beds)  There is one unit coordinator (RN) in Matai that will oversee Kowhai as well. A RN will also be rostered on morning shift seven days a week.  There is one caregiver 0700 – 1500 and one caregiver 0800 – 1300.  There is one caregiver 1500 – 2300 and one caregiver 1630 – 2100.  At night there is one caregiver 2300 – 0700.  An activities coordinator is rostered seven days a week in Kowhai from 1100 - 1800 |
| 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. The service has two weekly robotic packs and implements an electronic medication system. The RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. The medication rooms and fridges have temperatures recorded daily and these are within acceptable ranges.  Registered nurses are responsible for the administering of medications and have completed annual medication competencies and annual medication education. Caregivers who act as second checker have also completed medication competencies.  Twelve electronic medication charts were reviewed across the six units. Photo identification and allergy status were on all charts. All medication charts had been reviewed by the GP at least three-monthly. Residents on PRN pain medication had effectiveness noted. Pain assessments were identified in resident files where pain had been identified. Pain management was also included in care plan interventions.  Antipsychotic management plans are used for residents using antipsychotic medications when medications are commenced, discontinued or changed. The general practitioner reviews the antipsychotic management plans for residents with stable behaviours and a geriatrician reviews the management plans for residents with acute changes in behaviour. |
| 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 | The kitchen manager oversees the procurement of the food and management of the kitchen. There are 14 staff including six cooks and eight kitchenhands. All staff have attended food safety training. There are food service manuals and a range of policies and procedures in place to guide staff. There is a well-equipped clean kitchen, and all meals are cooked on site. Each unit has a kitchenette/dining area, food is transported to each area in bain maries and is served to the residents by caregivers. A hot box is available for pureed meals that are dished in the kitchen. The service has a current food control plan displayed expiring on 22 September 2021. Kitchen fridge, food and freezer temperatures were monitored and documented daily; these were within safe limits.  The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents’ dietary needs are communicated to the kitchen by the registered nurse or unit coordinator. Special diets were noted on the kitchen noticeboard, a list of special diets are attached to the bain maries. The national menus have been audited and approved by an external dietitian. There was evidence that there are additional nutritious snacks available over 24 hours. The kitchen in the kowhai unit (proposed dementia unit) includes a lockable gate.  Resident meetings and resident/relative surveys provide feedback on the meals and food service. The 2020 survey identified 6.7 out of 10 (resident satisfaction and 7.7 out of 10 (relative satisfaction). |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | Six files reviewed included Bupa assessment booklets and interRAI assessments which linked to care plans. 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.  Three of the six files reviewed included residents with identified pain. Pain assessments were completed at intervals and six-monthly. Medication charts identified effectiveness of PRN pain medication. Care plans included interventions to support identified pain. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | PA Moderate | Care plans reviewed were overall comprehensive and demonstrated service integration and input from allied health. The interRAI assessment and the extra Bupa assessments inform the development of the residents’ care plan. Whānau communication and meetings were evidenced in the documentation reviewed. There were specific care plans developed for medical needs, (ie, PEG feeds, dementia). De-escalation techniques were evident in care plans where the resident had behaviours that challenge. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off.  Five of six hospital files reviewed had identified pain. There were pain assessments/interventions care plans/progress notes including outcomes of prn medication. Care plans included chronic pain interventions including alternatives were considered.  Short term care plans were evident for acute pain, (eg, post fall, unexplained weight loss). |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Overall, the care summary and LTCPs reviewed included interventions that reflected the resident’s current needs (link 1.3.5.2). When a residents’ condition changes the RN initiates a GP visit or specialist referral. 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 progress notes.  Continence products are available and resident files include 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 unit coordinators. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.  Wound care folders and wound registers were reviewed in all areas. There are currently seven pressure injuries being managed across the service and there is a wound care nurse on staff that oversees the wounds and management. A wound care specialist is also involved. 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 Parklands 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. These were sighted as completed in each of the communities/nurse’s stations. This is an improvement on the previous audit.  All residents have a transfer/mobility plan completed by the physiotherapist. All support staff including registered staff completed moving/handling competencies annually. These were up to date. Moving/handling training has been provided February and April 2021 and all staff completed it in 2020. A moving handling internal audit was completed 25 May 2021; 100% outcome, which is an improvement on the previous audit 98% result. |
| 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 | The activities team comprises of eight activities staff. All of the activity staff have completed Careerforce dementia education modules and two are trained diversional therapists. 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.  There is a separate programme for the psychogeriatric and hospital level of care residents. There is a draft programme developed for the residents in the dementia unit. Activities are to be arranged across seven days a week in Kowhai. There are 24-hour activity plans documented in the files reviewed for residents in the psychogeriatric units. This will also be implemented for residents in the dementia unit. There are resources available for care staff to use for one-on-one time with the resident.  On or soon after admission, a social history is taken and information from this is fed into the care plan and this is reviewed six-monthly, and as part of the care plan review/evaluation a record is kept on individual residents’ activities. There are recreational progress notes in the resident’s file that the activity officers complete for each resident every month. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the long-term care plan and is reviewed at the same time as the care plan in all resident files reviewed.  There is a mobility van and van driver available to take residents out. Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. Residents on residential disability contracts are supported to maintain interests in the community and meet specific activity goals. This was reflected in the care plan reviewed of a younger person. |
| 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 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 unit. Cleaners’ cupboards are locked. All chemicals sighted were clearly labelled with manufacturer’s labels and stored in locked areas in all services. Safety datasheets and product sheets are available. The hazard register identifies hazardous substances and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and visors are available for staff. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | The building holds a current warrant of fitness which expires on 28 May 2021. There is a CPU dated 24 November 2020 for stage one of the refurbishment of Matai unit. Stage two code of compliance has been completed, dated 9 June 2021. Fire equipment is checked by an external provider. The maintenance person interviewed described the reactive and preventative maintenance programme. There is a 52-week planned maintenance programme in place. Electrical equipment has been tested and tagged. Equipment is calibrated by BV medical 6 monthly and annually. Hot water temperature is monitored weekly in resident areas and at hot water cylinders. In Kowhai unit water temperatures had been spiking initially and then dropping to 45 degrees. As a result, the service has ordered new cylinders, circulating pumps and valves. These will be replaced when the current residents move out to the Matai community.  There are currently six communities; Kauri, Rimu and Rata (psychogeriatric communities), Matai, Kowhai Ngaio are rest home and hospital communities. With the reconfiguration Kowhai will change to a dementia unit.  Matai (renovated dual-purpose community)  The service has renovated and refurbished in the Matai hospital wing. Currently half of Matai wing is unoccupied as a result of the renovations, but these renovations are now fully completed. Ten previous resident rooms have been converted into 10 large bedrooms (suites with kitchenettes). Four previous rooms with shared ensuites have been converted to bedroom only. Four larger rooms with previous shared ensuites are now single ensuited rooms. With the refurbishment of the Matai wing (previously 36 beds including 10 dual-purpose), the wing is now 31 beds (all identified as dual-purpose). There is a centrally located nurses’ station in the community with windows. There is one small kitchenette in one of the open plan lounge/dining rooms. There are two other lounges. There are handrails in ensuites and in hallways. All rooms and communal areas allow for safe use of mobility equipment. The community has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen. There is adequate space in Matai for storage of mobility equipment. Hilo and electric beds are in place. There are a number of landing strips and sensor mats. There are two internal courtyards that can be accessed from two lounges that includes garden areas, safe paths, shade and seating.  Kowhai (dementia unit)  The kowhai dementia unit includes 16 resident rooms. The unit is designed with a communal open-plan dining/lounge and kitchenette with a secure gate. There is sliding doors off the living area to a garden area with path, seating and available shade. The garden area has lockable gates that are not yet secure (link 1.4.7.6). Some landscaping of the area continues. There is a nurses’ station in the centre of the unit with a window facing out into the hallway. The unit has a circular hallway that will allow for wandering with two dead-ends to external doors. There are plans to install decals to distract residents from exit doors and signs to alert residents of key rooms such as toilets. The lighting in the unit is dull with little natural light coming in to the lounge area and two bedrooms. The corridors are wide enough around the facility and handrails available to promote safe mobility. |
| 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. | PA Low | The toilets, showers and ensuites have easy clean flooring and fixtures and handrails appropriately placed (link 1.4.2.1). All communal bathrooms allow for mobility equipment. Communal, visitor and staff toilets are available and contain flowing soap and paper towels.  Matai (dual-purpose) community: There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents. With the refurbishment of one wing there are 13 rooms with full ensuites, six have shared ensuites with locks between, and five care suites have full ensuites. There are well-placed communal bathrooms for residents in standard rooms. This includes a large communal bathroom with shower-bed and bariatric shower chair. All communal toilets/bathrooms have locks and engaged signs.  Kowhai (dementia community): There is one resident room with an ensuite. There are an adequate number of signed communal bathrooms with a disability friendly shower, toilet, hand basin and paper towels. Bathroom doors are painted a different colour. While there are engaged/vacant signs on the door, there are no other ways to ensure privacy of residents using the communal bathrooms. |
| 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 | There are currently two double rooms in Rata psychogeriatric unit; these have only ever been used as single occupancy and therefore will remain as single rooms only. All resident bedrooms in Matai and Kowhai (and all other communities) are single rooms.  All resident rooms throughout the facility are spacious enough to manoeuvre transferring and mobility equipment to safely deliver care. This includes appropriate space in rooms for younger people with disabilities and equipment. Residents are encouraged to personalise their bedrooms as desired. |
| 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 | Matai community (dual-purpose): There are three lounges that look out to courtyards. There is one open-plan lounge, small dining area and kitchenette. Advised that residents in this community will be fed across the small dining room and three lounges or in their rooms. All lounges are accessible and accommodate the equipment required for the residents and can be used for group or one-on-one activities. Seating and space are able to be arranged to allow both individual and group activities to occur.  Kowhai (dementia community): There is adequate space in the Kowhai community to allow maximum freedom of movement while promoting safety for those that wander. There is an open plan dining/lounge area, seating and space can be arranged to allow for quiet areas and group activities. |
| 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 | All laundry is done off site at another Bupa facility. Clean laundry is returned daily to the clean laundry room for folding and dispersing, then the dirty laundry is collected from the dirty laundry room. Laundry and cleaning audits are completed as part of the internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals are stored in locked rooms. All chemicals are labelled with manufacturer’s labels. There is dedicated housekeeping staff. Cleaning trolleys are well equipped and stored safely when not in use.  There are sluice rooms for the disposal of soiled water or waste in each community with a sanitiser. These are locked when unattended, all are equipped with personal protective equipment.  Residents and relatives provide feedback through surveys on laundry and cleaning services provided. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | There are emergency and disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR were included in the mandatory in-service programme. There is a first aid trained staff member (RN) on every shift. The facility has an approved fire evacuation plan which did not require amendments as a result of the building renovations. Fire drills occur six-monthly. Fire safety training is completed annually (last completed February 2021). Smoke alarms, sprinkler system and exit signs are in place. Since the last audit, further fire walls have been installed.  Bupa Parklands have two gas cookers (with cylinders available) and a barbeque for cooking. There is a system for emergency lighting and battery backup. There is also battery backup for electric beds and oxygen concentrators. Oxygen cylinders are available. There are two civil defence kits in the facility and adequate stored water including emergency water tanks. Call bells are evident in resident’s rooms, lounge areas, and toilets/bathrooms. Call bell pendants are available for immobile residents in larger rooms/suites. The facility is secured at night. All secure doors are connected to the fire alarms. Keypads are installed at the entrances to Kowhai, but these are not yet operational. |
| 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. | FA | The facility has plenty of natural light with large windows in the resident bedrooms with views of gardens. There are large floor to ceiling windows in the communal areas. There is overhead air conditioning and heating which is ducted through the ceilings in the corridors and communal areas. There are ceiling heaters and panel heaters in the resident rooms. The facility and grounds are a smoke free area. Internal monthly audits are performed for indoor air temperatures which are maintained between 20 to 22 degrees. |
| 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 Bupa infection control programme is appropriate for the size and complexity of the service. The scope of the infection control programme policy and infection control programme description is available. The infection control officer is an RN. There is a job description for the infection control (IC) officer and clearly defined guidelines. The infection control programme is linked into the quality management programme. The infection control committee meets as part of the health and safety meetings. The quality meetings reviewed also include a discussion of infection control matters. The IC programme is reviewed annually by the IC&P specialist at Bupa head office. The IC coordinators across Bupa have monthly teleconferences. The meeting terms of reference are clearly documented. There is a management of communicable disease outbreak and management of coronavirus procedure. There are outbreak kits available at Parklands. There is a Bupa pandemic plan, and all visitors sign into the facility. The management of communicable disease policy includes stock required for an outbreak. Bupa Parklands has sufficient stored stock for an outbreak. The service had a respiratory outbreak (4 residents) in Kowhai January 2021. This was fully reported, and management documented with a positive outcome. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.2. There are clear guidelines in the policy to determine what restraint is and what is an enabler. The restraint policy includes comprehensive restraint procedures. There is a bi-monthly restraint committee, and the restraint coordinator is the clinical manager. A monthly restraint report is completed. The last restraint audit completed 25 September 2020 resulted in 99%. There is a Bupa national restraint teleconference that includes restraint coordinators across the organisation. They review restraint use and meet six-monthly. An annual benchmarking restraint report is completed for the organisation (2020 was sited).  There are six (PRN) T-belt restraints and one bed rail. There is one bedrail enabler. The file of one resident using an enabler (bed rail) was reviewed. All required documentation including assessment, interventions to manage risk and evaluation was completed. There is a restraint register for the facility.  Staff have completed training around restraints, enabler and managing behaviours that challenge. Restraint competencies are also completed annually. The restraint standards are being implemented and implementation is reviewed through internal audits, facility restraint meetings, and regional restraint meetings and at an organisational level. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.3.6  Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers. | PA Low | The service collates accident/incident and infection control data. This is benchmarked across Bupa and reports provided. Monthly comparisons include trend analysis and graphs. While data and trends are provided in meetings there is no documented evidence that corrective actions are established as a result of data/trend analysis. Noting corrective actions are established at an individual incident level. | (i) Monthly comparisons of adverse events include trend analysis and graphs. While data and trends are provided in meetings there is no documented evidence that corrective actions are established as a result of data analysis. (ii) There is no documented evidence that the 2020 satisfaction survey results were shared with staff and corrective actions were implemented for areas that were low. | (i) Ensure corrective actions are identified as a result of analysis of adverse events and this is shared with staff and evaluated. (ii) Ensure results of surveys are shared with staff and corrective actions established for areas identified as needing improvement.  90 days |
| Criterion 1.3.5.2  Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process. | PA Moderate | Six files were reviewed. The sample included a younger person, a resident with a pressure injury, a resident with Parkinson’s and behaviours that challenge, a resident with a PEG, a resident with chronic pain and a resident with increased falls. Overall care plan documented interventions to support current assessed needs. However, shortfalls were identified in three of six care plans reviewed. | (i) The care plan for the hospital YPD identified a number of handwritten updates to interventions. As a result, the care plan was not always easy to read. There was reference to his/her throughout. (ii) A hospital residents care summary and LTCP had contradictory statements around whether the resident is independent with feeding or not, (iii) One PG file had contradictory statements in the care plan around the use of a gutter frame for mobility. | (i) Ensure care plans are personalised and interventions legible. (ii)-(iii) Ensure all current needs are identified in the care summary and LTCP.  60 days |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | Kowhai wing (currently a 20-bed hospital community) was verified as part of this audit as suitable to provide secure dementia level care. However, the lighting in areas of the community and two bathrooms need attention. Hospital residents currently in this community will transfer to the newly refurbished Matai community following HealthCERT approval. The building holds a current warrant of fitness which expires on 28 May 2021. There is a CPU dated 24 November 2020 for stage one of the refurbishment of Matai community. Stage two code of compliance has been completed, dated 9 June 2021. | (i) The lighting in the Kowhai communal lounge and two resident rooms is dull and potentially would not be effective to support residents with dementia; (ii) Two communal bathrooms in Kowhai (currently not in use) require toilet seats, handrails and the sliding doors loosened to assist opening with ease. (iii) In Kowhai, water temperatures had been spiking initially and then dropping to 45 degrees. As a result, the service has ordered new cylinders, circulating pumps and valves to replace the system. | (i) Ensure the lighting is adequate that supports a dementia-friendly environment; (ii) Ensure the bathrooms in Kowhai are safe for use. (iii) Ensure the water cylinders in Kowhai are changed as planned and hot water is monitored at below 45 degrees.  Prior to occupancy days |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | There is sliding doors off the living area to a garden area with path, seating and available shade. The garden area has lockable gates that are not yet secure (link 1.4.7.6). Some landscaping of the area continues. | The outdoor area off the kowhai community is being tidied up with further grass being replanted. | Ensure the outdoor area off Kowhai is complete for residents to use.  Prior to occupancy days |
| Criterion 1.4.3.1  There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use. | PA Low | Matai community includes a mix of full ensuites, shared ensuites and sufficient numbers of communal bathrooms. All have sufficient space to ensure safe use of mobility equipment and staff. There are adequate numbers of communal bathrooms in Kowhai community, however privacy cannot be ensured. | Kowhai - While there are engaged/vacant signs on the door, there are no other ways to ensure privacy of residents using the communal bathrooms. | Ensure privacy and dignity of residents in bathrooms.  Prior to occupancy days |
| Criterion 1.4.7.6  The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting. | PA Low | The facility is secured at night. Keypads are installed at the entrances to Kowhai, but these are not yet operational. | (i) Kowhai community key pads are installed to secure the community, but these are not yet operational. (ii) The outdoor garden area key pads are not yet operational. | (i)-(ii) Ensure the Kowhai community is fully secure.  Prior to occupancy days |

# 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.

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End of the report.