

# Bupa Care Services NZ Limited - Te Puke Country Lodge

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Te Puke Country Lodge
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 19 July 2021    End date: 20 July 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	68

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Te Puke Country Lodge is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 72 residents. Occupancy on the day of audit was 68 residents.

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

There are well-developed systems, processes, policies, and procedures that are structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Bupa Te Puke Country Lodge. The service has continued to focus on improving the service with improvements to falls management, providing residents and family with plenty of information and safe visiting practices during the Covid 19 pandemic, improvements to the environment, and implementation of an 'up to' seven-day respite service for residents in the Village to support their transition into the care centre.

There were no shortfalls identified during this audit.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The service complies with the Health and Disability Commissioner's Code of Health and Disability Consumers' Rights. Staff strive to ensure that care is provided that focuses on the individual resident, values residents' autonomy and maintains their privacy and choice. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication, and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau.

Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The care home manager is a social worker who has been in this role since April 2015. The manager is supported by an assistant manager, a clinical manager, and a recently appointed unit coordinator/registered nurse. There is Bupa regional manager who also provides support for the service.

The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction

surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support. A comprehensive education and training programme is implemented. Appropriate employment processes are adhered to.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

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

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

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. 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 are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were five residents using restraint (one resident uses two restraints to support them to be safe in a chair or while in bed). There were no residents using an enabler on the days of audit. Staff have training around management of challenging behaviour and restraint management.

## 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. The service engages in benchmarking with other Bupa facilities. There has been one outbreak since the last audit; this was managed appropriately, and the Public Health Unit advised.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	50	0	0	0	0	0
<b>Criteria</b>	0	101	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Interviews were held the care home manager, assistant manager, and clinical manager (registered nurse), and 10 staff including one unit coordinator (registered nurse), four caregivers, two registered nurses (RNs), one activities coordinator, one head chef, and one maintenance person. All confirmed their familiarity with the Code of Health and Disability Services Consumer Rights (the Code). The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented.</p> <p>The poster of the Code is displayed in visible locations throughout the facilities. The service provides families/whānau and residents with information on entry to the service and this information includes details relating to the code of rights. Staff receive training about the Code at induction and through ongoing in-service training.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are</p>	FA	<p>There is an informed consent policy. In all nine files reviewed, residents had general consent forms signed on file, either by the resident or EPOA. Care staff were knowledgeable around informed consent. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>There was evidence in files reviewed of family/EPOA discussion with the GP for a medically indicated not</p>

<p>provided with the information they need to make informed choices and give informed consent.</p>		<p>for resuscitation status. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with residents and relatives demonstrated they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOA and certificates of mental incapacity were present in resident files as appropriate.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Health and disability advocacy information is included in the information provided to new residents and their family/whānau during their entry to the service. Brochures and contact numbers are available to residents and family.</p> <p>Residents interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive education on the role of advocacy services during their induction to the service and ongoing, as part of the annual education plan.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Visiting can occur at any time. Community links were evident. The rest home has an active bowls team that includes competitions with other facilities. A selection of residents attend the Citizens Club to play cards. Community links were also present via local churches, the RSA and residents going out on regular outings.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints 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.</p> <p>There is a complaint register in place. There was one complaint lodged in 2020 and one in 2021 (year-to-date). Verbal and written complaints are documented. Both complaints had a noted investigation, timelines determined by HDC were met, and corrective actions (where indicated) were actioned. Both complaints were documented as resolved.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p> <p>There have been two complaints lodged with the Health and Disability Commission. One was documented</p>

		<p>in 2017 and the other in 2020. Both have been closed out by the HDC.</p> <p>The Ministry of Health requested follow up on the following Health and Disability Service Standard that relate to allegations in a complaint: i) service delivery/interventions – meeting residents assessed needs, timely escalation and referrals when needed; ii) evaluation – when needs change; iii) human resource management – staff training on policies/procedures evaluation of care and staff training against policies and procedures. This audit has not identified any issues in respect of the complaint.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Interviews were held with 10 residents (eight from the rest home and two from the hospital) and five family members (one rest home and four with family requiring hospital level of care). Residents and family state that posters of the Code are displayed in visible locations throughout the facilities, and they are informed of their rights on entry to the service. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the care home manager, assistant manager or clinical manager discuss the Code with the resident and the family/whānau. An information pack is given to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Resident files and care plans identified residents' preferred names.</p> <p>Caregivers were observed to knock on doors before entering resident bedrooms. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and relatives interviewed during the audit confirmed that the residents' privacy is respected.</p> <p>The residents' personal belongings are used to decorate their rooms as viewed on the day of audit.</p> <p>Resident's cultural, social, religious, and spiritual beliefs are identified on admission and included in the resident's care plan/activity plan, to ensure the resident receives services that are acceptable to the resident/relatives</p> <p>Training around privacy and dignity was provided in 2020 and 2021 with a review of staff records confirming that this included reference to the reviewed Privacy Act 2020.</p> <p>There is a policy around abuse and neglect. Staff receive training around abuse and neglect. Care staff interviewed are able to discuss ways in which they would manage suspected abuse or neglect. Staff, managers, and the general practitioner (GP) interviewed confirmed that there is no evidence of any abuse or neglect.</p>

<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations.</p> <p>The service has identified local Iwi is Ngati Moko and Ngati Tuheke with a contact name documented. There is also a Maori Minister who is available to support staff and the service in cultural activities e.g., blessings of rooms. The Maori Advocacy group is listed as Poupoua Charitable Trust, with a contact person identified.</p> <p>Staff training includes cultural safety with the most recent in-service undertaken in 2021. There are no residents who identify as Maori currently in the service however Maori staff interviewed described how they would support any Maori resident with the use of te reo and encouraging the person to identify their cultural values and needs. Family are encouraged to engage with the service.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service has established cultural policies aimed at helping to meet the cultural needs of its residents. All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on.</p> <p>Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents. There were no residents at the facility where English was not able to be used to communicate needs to staff. There were residents who identified that English was their second language, and this was identified in their care plan.</p> <p>Monthly cultural days have been introduced to celebrate a different country every month. There is a special lunch to reflect that country, and staff are encouraged to dress in a manner reflective of the culture of that day. When possible, entertainment reflecting that culture is also provided on that day.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. All staff have completed training in 2021 on the code of conduct.</p> <p>Staff describe implementation of policies and processes around boundaries relating to discrimination, abuse and neglect, harassment, and exploitation. Training includes discussion of the staff code of conduct and prevention of inappropriate care. Staff interviewed state that they were aware of the policies and were active in identifying any issues that relate to the policy.</p> <p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the staff files sampled. Monthly meetings include discussions on professional boundaries and</p>

		<p>concerns as they arise (minutes sighted).</p> <p>Residents and the family members interviewed stated that they would formally complain to management if they felt that they were discriminated against. There were no complaints recorded in the complaints register for the previous 12 months relating to any form of discrimination or exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the district health board which includes visits from specialists (e.g., wound care, mental health) and staff education and training. Physiotherapy services are provided for at least two hours per week. There is a robust education and training programme for staff that includes in-service training, impromptu training (toolbox talks) and competency assessments. Podiatry services and hairdressing services are provided.</p> <p>The service has links with the local community and encourages residents to remain independent.</p> <p>Facility meetings occur regularly (as sighted). Staff are kept informed on all facility and clinical matters.</p> <p>Residents and family interviewed stated that they are kept well informed around Covid 19 and special provisions were put in place in case there was a need for isolation. Two rooms at the end of a wing with doors to the outdoors were used for residents requiring palliative care. This allowed for some visits from family (noting that levels announced by the government were maintained). There was also extensive information provided by Bupa that was fed out to families and residents to ensure that they were kept up to date with changing instructions. A computer was provided with skype access to ensure that residents and family members could remain in contact during periods of lock down. All family and residents interviewed confirmed that they had more than enough information provided.</p> <p>Discussions with residents and family confirmed that they were very satisfied with the care they receive. The GP also praised the service for care provided.</p> <p>Several quality initiatives have been implemented that resonate best practice. These include a focus on falls management, improvements to the external environment that included foci of interest for residents e.g. planter boxes, bird feeders and more seating, improvements to the internal communal areas to create activities for residents that they can access at any time and offering of a seven-day respite period if rooms are available to cater to village residents who may require care if their care person goes to hospital.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	FA	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file.</p> <p>Eighteen incidents/accidents forms selected for review confirmed that family were informed of any incident or change in condition. Families interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance. There were no residents requiring the use of an interpreter on the days of audit.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Te Puke Country Lodge is part of the Bupa group of aged care facilities. The care facility has a total of 72 beds suitable for rest home (38 beds) and hospital (34 beds) levels of care. Hospital level of care is certified for medical. During the audit there were 68 residents (36 rest home and 32 hospital). This included one resident who was receiving respite care (rest home) and two were funded through younger person with a disability (YPD) contract. All residents are under the Age-Related Care Contract (ARRC).</p> <p>Bupa's overall vision and values are displayed in a visible location. All staff are made aware of the vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan with this reviewed annually. There are documented quality/health and safety goals that are reviewed monthly and quarterly with these signed off when achieved.</p> <p>The care home manager is a social worker who has been in this role since April 2015. They have attended all Bupa forums as well as the remote national conference. The care home manager is supported by the clinical manager who has been in aged care for over nine years with previous experience in cardiac nursing. Both are supported by an assistant manager, a unit coordinator/RN who has been recently appointed (to start in the role in the next month) and a Bupa regional manager.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision</p>	<p>FA</p>	<p>In the absence of the care home manager, the assistant manager and clinical manager/RN are in charge. In the absence of the clinical manager, the unit coordinator/RN is in charge of clinical operations. For extended absences, a Bupa relieving care home manager is rostered.</p>

of timely, appropriate, and safe services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A quality and risk management programme is in place. Interviews with the managers and staff confirmed their understanding of the quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures include reference to changes in legislation e.g. to the review of the Privacy Act 2020. New policies or changes to policy are communicated to staff as evidenced in meeting minutes.</p> <p>Data collected (e.g., falls, medication errors, wounds, skin tears, pressure injuries, complaints, challenging behaviours) are collated and analysed with results communicated to staff. An internal audit programme is in place. The programme is implemented with results tabled in meetings. Corrective action plans are put in place when issues or gaps are identified with evidence of resolution in a timely manner. Graphs are developed to show trends, and these are analysed. Quality and risk data is shared with staff via meetings and posting results in the staff room. The graphs are simplified so that staff can also understand data.</p> <p>The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. The care home manager is the health and safety officer along with health and safety representatives are elected by staff. The health and safety team meets once a month. Staff undergo annual health and safety training which begins during their orientation. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. Any visitors are required to sign in using the visitors' book and the Covid 19 app. Bupa belongs to the ACC Partnership Programme and have attained primary level at audit. Bupa continues to update their documents to meet the Health and Safety at Work Act 2015. Staff are informed of these changes through policy and work instructions which are disseminated to each part of the business.</p> <p>Strategies are implemented to reduce the number of falls with a project in 2021 aiming to reduce the number of falls. Interventions this year have included the placement of non-slip mats in all showers introduction of sensor night lights in bedrooms that automatically turn on when a resident walks past, observing individual residents identified as high falls with interventions put in place to help reduce falls specific to their needs (one bed was turned around so that the resident's 'good leg' was against the wall and that prevented him from falling while another resident was shifted to a room opposite the nurses station which meant that they could wave to a staff member when they needed help to get up). During the audit, call bells were observed to be always placed with reach of the resident, sensor mats were used, residents were encouraged to participate in activities, physiotherapy input was included and there was intentional rounding that took place throughout the 24-hour period. Residents at risk of falling have a falls risk</p>

		assessment completed with strategies implemented to reduce the number of falls. Caregiver interviews confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or the care home manager as evidenced in all eighteen accident/incident forms reviewed. 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. Nine incident reports for unwitnessed falls were reviewed and all included neurological observations.</p> <p>Discussion with the care home manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided. There have been three notifications on a section 31 report to the Ministry of Health since the last audit. Two were for unstageable pressure injuries in 2020 and one outbreak of gastro enteritis in 2020. There have not been another reports or reviews by an external agency.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place which includes 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. Nine staff files reviewed (one clinical manager, three RNs, two caregivers, one activities coordinator, one office administrator, and one head chef), evidenced that reference checks are completed before employment is offered. Staff records also included signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed described a comprehensive orientation programme that included reading of policies and procedures.</p> <p>The education programme is documented for 2021 and this is well implemented. A record of attendance at each training is recorded for each individual staff member. The training includes on line training, completion of competency assessments such as medication and restraint, and impromptu (tool box) talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQA) requirements. Caregivers have completed the following CareerForce training: eight at level zero (four currently in training); four completed level two CareerForce; 10 who have completed level 3 training (one in training); and 19 who have completed level four training.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed</p>



		<p>their food safety training on-site. Chemical safety training is included in staff orientation and as a regular in-service topic. RNs have completed training in critical thinking, with all staff having completed training in hand hygiene and wound management in the past year. All training is framed by policies and procedures.</p> <p>Five of the six RNs have completed their interRAI training with the care manager and a casual registered nurse also having completed interRAI training. The care home manager, clinical manager and staff are able to attend external training including sessions provided by the district health board.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements of the residents. The care home manager is a qualified social worker. The facility covers two floors with three elevators in strategic locations. There are four hospital wings and staffing is allocated across all of these wings with allocation of caregivers to residents on each day. There are two wings for residents requiring rest home level of care. One rest home wing is on one floor (the same floor as the hospital wings) and the other is on the lower floor. Residents who are mostly independent are accommodated on the bottom floor. Staffing is allocated to the two rest home wings</p> <p>The clinical manager works full time Monday – Friday. The unit coordinator will support the clinical manager when they formally start their role in the next month.</p> <p>Bupa has an on-call system whereby care facilities are grouped into lots of five. A care manager and care home manager take the on-call roster for the five services. There is no requirement for the staff to attend to village call outs although if there was a call, the registered nurse on site would escalate to emergency services if they thought necessary.</p> <p>There are 19 beds in each rest home wing (Devon and Chelsea) with one unoccupied bed in each wing.</p> <p>Staff in the rest home wings is as follows: There are four caregivers in the morning (two long full shifts and two short shifts); four in the afternoon (two long full shifts and two on a short shift); and two caregivers overnight. There is a registered nurse on the morning shift and one on an afternoon shift. The registered nurse on duty at night covers all areas.</p> <p>There are four hospital wings with bed numbers as follows: Tudor: 10 beds; Kent: five beds; Somerset: eight beds; Ashleigh: 11 beds. All hospital beds are fully occupied</p> <p>In the hospital wings there are six caregivers in the morning (four on a full shift and two on a short shift); six caregivers in the afternoon two on a full shift, two from 3PM to 8.30 or 9PM, and two on a short shift); and two caregivers overnight. There is a registered nurse rostered on to the morning, afternoon, and night shifts. Extra staff can be called on for increased residents' requirements.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs and acuity of residents. All stated that there was sufficient staffing at all times and caregivers stated that</p>

		RNs were always available to help if asked.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public.</p> <p>Entries in records are legible, dated and signed by the relevant caregiver or RN. Individual resident files demonstrate service integration. This includes medical care interventions and records of the activity's coordinator. Medication charts are in a separate folder.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There is an implemented Bupa admission policy. All residents have a needs assessment completed prior to entry that identifies the level of care required. The care home manager and clinical manager screen all potential enquiries to ensure the resident has been assessed at the correct care level required for admission and that the service can meet the specific needs of the resident.</p> <p>An information pack including all relevant aspects of the service, advocacy and health and disability information is given to residents/families/whānau at entry. All relatives interviewed were familiar with the contents of the pack. The admission agreement provides information on services which are excluded, and examples of how services can be accessed that are not included in the agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>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. All appropriate documentation and communication were completed. Transfer to the hospital and back to the facility post-discharge was well documented in progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and senior caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p>

<p>timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. Seven residents were self-medicating on the day of audit and had self-medication assessments in place authorised by the GP as well as safe and secure storage in their room.</p> <p>Eighteen electronic medication charts were initially reviewed, the sample was then increased by one to capture both residents highlighted as having a large number of PRN medications by a visiting clinical nurse specialist (CNS) to the DHB. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and the two residents with a high number or PRN medications were found to have the majority being topical creams, inhalers and required PRN relief. The service was aware of the CNS concerns and the residents had been referred to the geriatrician for review.</p> <p>Each drug chart has a photo identification and allergy status identified. PRN medications have indications for use and effectiveness is documented post-administration. There are standing orders in use which had indications and frequency for use indicated. These were reviewed annually by the GP.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The head chef oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the chef works closely with the registered nurses on duty. The service provides pre moulded pureed foods to those residents requiring this modification. Staff feedback indicated the close resemblance to the original dish (pureed peas look like peas etc.) has a beneficial effect for the resident in terms of inclusion in the dining room and dietary intake. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan expiring September 2021. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller and freezers. Resident meetings, surveys and one to one interaction with kitchen staff in the main dining room allow the</p>

		opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food.
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	The reason for declining service entry to potential residents should this occur, is communicated to the family/whānau of the potential resident and they are referred to the original referral agent for further information. The reasons for declining entry would be if the service had no beds available or could not provide the level of care.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. The assessment booklet includes; falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. InterRAI assessments had been completed for all ARRC (excludes two YPD) files reviewed within timeframes and areas triggered were addressed in care plans reviewed.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	Nine resident files were reviewed across a range of conditions including (but not limited to) falls, restraint use, complex wounds, high medical needs and new admissions. In all files reviewed the care plans were comprehensive, addressed the resident need and were integrated with other allied health services involved in resident care. Relatives and residents interviewed all stated they were involved in the planning of resident care. In all files reviewed there is evidence of resident and relative involvement in care planning. Activity assessments were completed by the activities staff within three weeks of admission. Care plans reviewed provided evidence of individualised support. Short-term care plans are in use for short-term needs and changes in health status.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate</p>	FA	The registered nurses complete care plans for residents. Progress notes in all files reviewed had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. Short-term care

<p>and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>plans are documented for changes in health status. Care plans reviewed documented sufficient detail to guide care staff in the provision of care. A physiotherapist is employed to assess and assist residents' mobility and transfer needs.</p> <p>There was evidence of wound nurse specialist involvement in chronic wounds. There were 18 ongoing wounds including skin tears, skin cancers, surgical wounds and chronic ulcers. There was one stage 1 (DHB acquired) pressure injury and one stage 2 (facility acquired) pressure injury at the time of audit. All wounds had wound assessments, appropriate management plans and ongoing evaluations completed. Wound nurse specialist input was evident in chronic wound management.</p> <p>Contenance 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 RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Monitoring charts sighted included (but are not limited to), vital signs, blood glucose, pain, food and fluid, turning charts, neurological observations, bowel monitoring and behaviour monitoring.</p> <p>Family members interviewed stated they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. There was documented evidence of relative contact for any changes to resident health status on the family/whānau contact form held in the residents' files.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service currently employs one activity coordinator (with over ten years of experience in an activities role) who covers Monday to Friday and plans caregiver led activities for the weekends. A further activity person is in the process of being recruited. There are set Bupa activities including themes and events. A weekly activities calendar and newsletter is distributed to residents and is posted on noticeboards.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The service provides a range of activities such as; crafts, exercises, bingo, cooking, quizzes, van trips, sing-alongs, movies and pampering sessions. The activities coordinator facilitates resident led activities, setting up resources and commencing the activity with more able residents which they then take over, before moving on to provide activities and one-to-one interaction for less able residents.</p> <p>Community visitors include entertainers, church services and pet therapy visits. There are twice weekly van outings to local areas of interest.</p> <p>The activity coordinator is involved in the admission process, completing the initial activities assessment, and has input in to the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. An activities plan is completed within timeframes, a monthly record of attendance is</p>

		<p>maintained, and evaluations are completed six-monthly.</p> <p>Younger residents had individual activity plans that reflected their age and ability, which included support to take responsibility for pet care within the facility.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans were reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status, in all files sampled for those residents who had been there for six months or more. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities coordinator, resident and family members and any other relevant person involved in the care of the resident. The GP reviews the resident at least three-monthly. Short-term care plans are in use for acute and short-term issues. These are evaluated at regular intervals and reflect progression towards meeting goals.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Bupa Te Puke facilitates access to other medical and non-medical services. Referral to other health and disability services is evident in the sample group of resident files. The RNs initiate referrals to nurse specialists, and allied health services. Other specialist referrals are made by the GP. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed, and the resident was reassessed from rest home to hospital level care.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste,</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets were readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A spills kit is available.</p>

infectious or hazardous substances, generated during service delivery.		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current building systems status report, issued in lieu of the building warrant of fitness, which expires on 28 October 2021. A request book for repairs is maintained and signed off as repairs are completed. There is a full-time maintenance officer who carries out the 52-week planned maintenance programme. The checking and calibration of medical equipment including hoists, has been completed annually. All electrical equipment has been tested and tagged. Hot water temperatures have been tested (randomly) and recorded fortnightly with corrective actions for temperatures outside of the acceptable range. Preferred contractors are available 24/7.</p> <p>The corridors are wide 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 outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. The external areas are mostly paved with raised beds, water features and decorative items of interest. An elevated lounge provides extensive views of the surrounding countryside.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment required to provide the care documented in the care plans</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The facility has six wings, with one rest home wing being on the lower level of the sloping site. All rooms apart from two have full ensuites. There are adequate visitor and staff toilet facilities available. Communal toilets and bathrooms have appropriate signage and shower curtains installed. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning.</p> <p>Water temperatures are monitored, and temperatures are maintained at or below 45 degrees Celsius. Residents interviewed report their privacy is maintained at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with</p>	FA	<p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms. Staff interviewed reported that rooms have sufficient space to allow cares to take place. Residents are encouraged to bring</p>

adequate personal space/bed areas appropriate to the consumer group and setting.		their own pictures, photos and furniture to personalise their room, as observed during the audit.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are several lounges throughout the facility and combined lounge/dining rooms. The lounges and dining room are accessible and accommodate the equipment required for the residents. The lounges and dining areas are large enough to cater for activities. Residents are able to move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit. Activities occur throughout the facility in addition to a dedicated activities lounge. There are quiet areas if residents wish to have some quiet time or speak privately with friends or family. The service has a library room in addition to frequently located, smaller reading areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is located on the lower floor and has a dirty to clean workflow and entry and exit doors. All linen and personal clothing is laundered on site. There is a separate sorting/drying room next to the main laundry area.</p> <p>The chemical provider monitors the effectiveness of the laundry process. Cleaning trolleys are kept in designated locked cupboards when not in use. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits also monitor the effectiveness of the cleaning and laundry processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are 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.</p> <p>The civil defence kit is checked monthly. There is sufficient water stored to ensure for more than the required 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.</p> <p>The service has a visitors' book at reception for all visitors, including contractors, to sign in and out. The facility is secured at night. Access by public is limited to the main entrance. Visitors have to complete</p>



		COVID tracer app or a manual declaration form prior to entering the facility.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. The facility has a mixture of panel heaters and heat pumps, all of which are thermostatically controlled. All bedrooms and communal areas have at least one external window.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well-informed about infection control practises and reporting. The infection control coordinator (unit coordinator) is responsible for infection control across the facility. The IC programme is reviewed annually by the infection control and prevention specialist at Bupa head office. The IC coordinators across Bupa participate in monthly teleconferences.</p> <p>Hand sanitisers are appropriately placed throughout the facility, including automated dispensers for residents to use pre-meals. Visitors are asked not to visit if they are unwell. The majority of residents have received both doses of the Pfizer Covid-19 vaccine with staff vaccination ongoing in conjunction with the local DHB. Residents and staff are offered the influenza vaccine. There has been one outbreak (gastro) in 2020 which was appropriately managed and included liaison with the local DHB.</p> <p>Covid-19 education has been provided for all staff, including hand hygiene and use of PPE. Bupa has monthly infection control teleconferences for information, education and discussion and Covid updates should matters arise in between scheduled meeting times. All visitors are required to provide contact tracing information</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme</p>	FA	<p>There are adequate resources to implement the infection control programme at Bupa Te Puke. The infection control committee meet two-monthly, with information then being cascaded as part of staff meetings and also as part of the registered nurse meetings. The IC coordinator has completed training in infection control. External resources and support are available through the Bupa quality &amp; risk team, external specialists, microbiologist, GP, wound nurse specialist and DHB when required.</p>

and meet the needs of the organisation.		
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policies are updated regularly and directed from head office.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff.</p> <p>The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking.</p> <p>Consumer education is expected to occur as part of the daily care.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data including trends, analysis and corrective actions/quality are discussed at staff and clinical meetings.</p> <p>Infections are entered into the electronic database for benchmarking. Corrective actions are established where trends are identified.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were five hospital level residents with restraints and no residents using an enabler. Restraints used are lap belts, low beds, or bedrails.</p> <p>Staff interviews and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff complete a restraint competency with these completed by all staff in 2021. The use of enablers and restraint is discussed as part of staff and quality meetings and in separate restraint meetings.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator in partnership with the RNs, GP, resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>Ongoing consultation with the resident and family/whānau are evident. Two files for the residents using restraints were reviewed. The completed assessments considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p>	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing</p>

<p>Services use restraint safely</p>		<p>restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, family, and the GP. The use of restraint is linked to the resident's restraint care plan, evidenced in all three residents' files where restraint was in use. An internal restraint audit, conducted annually, monitors staff compliance in following restraint procedures.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. A review of monitoring forms for two residents confirmed that checks were completed when a restraint was in place. This included half hourly checks if the resident was in their bedroom and a lap belt was used and hourly checks if the resident was in the lounge. Residents were checked two hourly if bedrails were in place.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are scheduled and held three-monthly. The two residents using restraints had had evaluations completed three-monthly as well as multi-disciplinary reviews that included family input six monthly. Restraint use is discussed in a range of meetings (restraint meetings, staff meetings, RN meetings) as confirmed in the meeting minutes reviewed.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>The Bupa restraint minimisation programme is discussed and reviewed at a national level and includes identifying trends in restraint use, reviewing restraint minimisation policies and procedures, and reviewing the staff education and training programme. Data is also tabled at meetings at the facility that includes review of trends.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

No data to display
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End of the report.