

Bupa Care Services NZ Limited - Eventhorpe Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Eventhorpe Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 September 2021 End date: 14 September 2021
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	86

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Eventhorpe is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) care for up to 91 residents. On the day of audit there were 86 residents.

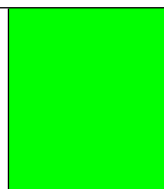
This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and general practitioner.

Bupa Eventhorpe is managed by an experienced care home manager who has been in the role for two years and has worked for Bupa continuously for fourteen years. He is supported by a clinical manager, unit coordinator and a Bupa operations manager. Family, residents and the general practitioner interviewed spoke positively about the care and support provided.

The service is commended for achieving two continual improvement ratings relating to the reduction of falls and skin tears, and the innovation shown in the activities programme.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

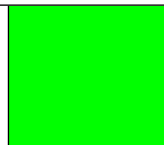


Standards applicable to this service fully attained.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

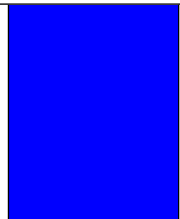


Standards applicable to this service fully attained.

The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

An education and training programme is in place. Appropriate employment processes are adhered to. There is a roster that provides appropriate staff cover for the delivery of care and support. The residents' files are appropriate to the service type. Residents' files are protected from unauthorised access.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		All standards applicable to this service fully attained with some standards exceeded.
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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 six residents using restraints and three residents using enablers. Restraint management processes are being implemented.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities. There has been one outbreak since the last audit; this is currently being managed appropriately with Public Health involvement.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	49	0	0	0	0	0
Criteria	2	99	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the care home manager, clinical manager/registered nurse (RN), and thirteen staff (one unit coordinator/RN, three staff RNs, five caregivers (four from the hospital wards and one from the rest home), one cook, one laundry, one maintenance, one activities coordinator) confirmed their familiarity with the Code and its application to their job role and responsibilities.</p> <p>Interviews with six residents (four rest home and two hospital including one young person with a disability (YPD)), and four relatives (two hospital, two rest home) confirmed that the services being provided are in line with the Code. Aspects of the Code are discussed in the staff and resident/family meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed</p>	FA	<p>There is an informed consent policy. In all ten files reviewed, residents had general consent forms signed on file, either by the resident, EPOA or welfare guardian. 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>

consent.		<p>There was evidence in files reviewed of family/EPOA discussion with the GP for a medically indicated not 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. A number of residents had completed advanced care plans, copies of which are kept on file. Admission agreements had been signed and sighted for all the files seen. Copies of EPOA, welfare guardianship 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>	FA	<p>There is a policy that describes the role of advocacy services. Staff receive training on advocacy. Information about accessing advocacy services is available in the information presented to residents and their families during entry to the service. Advocacy support is available if requested.</p> <p>Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate. The complaints process reminds the complainant of their right to contact the health and disability advocacy service with contact details provided.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Community links were evident and included (but were not limited to) visits to churches and local schools. One resident regularly goes outdoors in his wheelchair (when not in Covid lockdown).</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>	FA	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at reception, adjacent to a suggestions box. 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>An electronic complaint register is maintained. One complaint, lodged with HDC in 2018, has been closed (5 January 2021). Corrective actions implemented include completion of a three-monthly audit to monitor the use of bowel care charts and a range of toolbox talks that evidence staff education in regard to the range of topics requested by HDC including (but not limited to) Bristol stool charting, fracture precautions, manual handling, incident reporting and awareness,</p>

		<p>observations and reporting, medication administration, pain management, risk management, controlled drugs and abuse/neglect.</p> <p>Four complaints were received in 2020 and none have been lodged in 2021 (year-to-date). Two complaints in regard to residents' cares were reviewed and evidence sighted indicates that these complaints were managed in accordance with HDC guidelines. Both complaints are 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>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There are posters displaying the Code in English and in Māori. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the Code is discussed with the resident and family. Information is provided in the information pack that is given to the resident and next of kin/enduring power of attorney (EPOA) to read and discuss.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies which align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff demonstrated gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible, and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented, and staff have undertaken training on abuse and neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. The service has established links with the Tainui group through Te Kohau Health Centre. A Bupa customer liaison officer, who identifies as Māori, also assists with partnership. The resident room is blessed by Māori following a death. Staff training covers cultural safety. This training is provided by individuals who identify as Māori. At the time of the audit, during Māori language week, notices were placed in various locations in te reo Māori.</p> <p>A cultural assessment is completed during the Māori resident's entry to the service (sighted in two</p>

		files of residents who identified as Māori). Neither of these residents, or their whānau, were available to be interviewed.
<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>	FA	<p>Bupa aged care facilities have established cultural policies that are aimed at helping to meet the cultural needs of its residents. Cultural events have been incorporated to celebrate the various different cultures of staff and residents. All residents and relatives interviewed reported that they are satisfied that the residents' cultural and individual values are 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. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	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., mental health services). A general practitioner (GP) or a nurse practitioner (NP) visit the facility four times per week. The GP also provides urgent and out of hours requirements as needed. Physiotherapy services are provided two days (10 hours) per week with a physiotherapy assistant available five mornings per week. There are close links with hospice services.</p> <p>The education and training programme for staff includes in-service training, impromptu training (toolbox talks) and competency assessments. The activities programme is provided to residents in the rest home and hospital seven days a week. Podiatry services and hairdressing services are also provided. The service has links with the local community and encourages residents to remain independent.</p> <p>Targeted areas for improvements in 2021 include reducing the number of pressure injuries, reducing the number of falls and skin tears (link CI 1.2.3.6), improving staff attendance at</p>

		education sessions, improving staffing levels and implementation of meditation for residents (link CI 1.3.7.1). Bupa Eventhorpe was awarded by the New Zealand Bupa organisation as the most improved Bupa aged care facility in 2019.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	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 ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file.</p> <p>Incidents and accidents are recorded electronically using the RiskMan database. Twenty-two incidents/accident forms selected for review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>Interpreter services are available if needed with an example provided whereby the telephone interpreter services are being used. Staff and family are utilised in the first instance. Bilingual signage to assist with translation is also present in rooms of residents who are unable to communicate or understand English.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Eventhorpe is part of the Bupa group of aged care facilities. The care facility has a total of 91 beds, all suitable for rest home and hospital levels of care. Hospital level of care is certified for medical. During the audit there were 86 residents (37 rest home, 48 hospital, one boarder). There were four (hospital) residents under the young person with a disability (YPD) contract, one (rest home) resident on the long-term support chronic health conditions (LTS-CHC) contract, four (hospital) residents on ACC, and one private paying boarder. The remaining residents were under the age-related residential services agreement (ARC). All beds are suitable for either rest home or hospital level of care.</p> <p>Bupa's overall vision and values are displayed in a visible location. Staff are made aware of the organisation's vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan. There are site-specific quality and health and safety goals that are reviewed monthly and signed off when achieved. Goals are updated each year.</p> <p>The care home manager is a registered nurse. He worked for Bupa as a unit coordinator and a clinical manager prior to accepting the care home manager role in September 2019. He is supported by a clinical manager/RN who has also been in the role since September 2019 and previous to this was employed as a unit coordinator/RN.</p>

		The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service. Managers and clinical managers attend annual organisational forums and regional forums six-monthly.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	In the absence of the care home manager, the administrative staff and the clinical manager/RN are in charge. For extended absences, a Bupa relieving care home manager is rostered.
<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>Quality and risk management programmes are in place. Interviews with the managers (care home manager, clinical manager) and staff confirmed their understanding of the quality and risk management systems that are being implemented.</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. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (e.g., falls, medication errors, skin tears) are collated and analysed. Corrective actions are implemented where data reflects a need for improvement. Quality and risk data are shared with staff via meetings and posting results in the staffroom. A reduction in the number of hospital level residents falling, and skin tears has resulted in a rating of continuous improvement.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by a Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by either the care home manager or clinical manager when implemented.</p> <p>The health and safety programme covers specific and measurable health and safety goals that are regularly reviewed. The maintenance staff was interviewed regarding their role on the health and safety team. The health and safety team meet once a month. Hazards are regularly monitored. Staff undergo annual health and safety training which begins during their orientation. Contractors are also orientated to health and safety before conducting any work on the premises.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager, unit coordinator, and/or registered nursing staff, evidenced in all 22 accident/incidents reviewed (thirteen unwitnessed falls, two witnessed falls, one near miss, one medication error, four challenging behaviours, one bruising). Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to try and minimise the number of incidents. Any suspected injury to the head or unwitnessed falls includes monitoring neurological observations as per Bupa policy.</p> <p>Discussion with the care home manager confirmed his awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided (stage three or higher) pressure injuries, and one resident who absconded. Public health and the DHB were notified regarding a (current) respiratory outbreak.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human 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 for all health professionals. Nine staff files reviewed (five caregivers, two RNs, one housekeeper, one physiotherapy assistant) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and signed job descriptions, and evidence of police vetting.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The education programme offered is extensive and includes in-service training, competency assessments, and impromptu (tool box) talks. Both internal and external speakers are invited to present. A significant amount of work has been undertaken to improve staff attendance rates. The education model that has been implemented allows for all staff to be rostered to attend education study days. Eight topics are delivered per study day with caregivers required to attend 28 in-service topics. The care home manager confirmed that attendance rates are 100%. At the time of the audit, Eventhorpe held second place for staff attending education sessions.</p> <p>Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQA) requirements. Fifteen caregivers have completed a level two qualification, four have completed a level three qualification and fourteen have completed a level four qualification.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have</p>

		completed their food safety training on site. Chemical safety training is included in staff orientation and as a regular in-service topic. Nine of sixteen RNs have completed their interRAI training. There is a minimum of one first aid trained staff on duty 24/7.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>A staff rationale and skill mix policy are in place.</p> <p>The clinical manager is a registered nurse and is employed full time (Monday – Friday).</p> <p>Rest home ward (occupancy 34 rest home): AM shift: one RN or EN and three caregivers (one long shift and two short shifts); PM shift: one EN or senior caregiver and three caregivers (one long and two short); night shift: one caregiver.</p> <p>Hospital wards one and three: (occupancy 29 hospital and one boarder): One RN covers the AM, PM and night shifts. Caregivers: AM shift: six caregivers (four long and two short); PM shift: five caregivers (two long and three short); night shift: one caregiver.</p> <p>Hospital ward two: (occupancy 22 residents: 19 hospital and three rest home): One RN covers the AM and PM and night shifts. Caregivers: AM shift: four caregivers (two long and two short); PM shift: four caregivers (two long and two short); night shift one caregiver.</p> <p>Activities staff are rostered seven days a week. Separate cleaning and laundry staff are rostered.</p> <p>Residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	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. Entries in records are legible, dated and signed by the relevant caregiver or RN. Individual resident files demonstrated service integration.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when</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</p>

<p>their need for services has been identified.</p>		<p>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>	<p>FA</p>	<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 timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, ENs 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>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. Two 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>Twenty electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. PRN medications have indications for use and</p>

		effectiveness is documented post-administration. There are no standing orders in use and no vaccines are kept on site.
<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>	FA	<p>The kitchen manager oversees the onsite 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 (interviewed) 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. The kitchen is situated in between the hospital and rest home dining areas, with rest home meals being served through a servery hatch and hospital meals trayed individually with thermal plate covers to maintain delivery temperature.</p> <p>There is a food control plan expiring 22 September 2022. 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 two dining rooms allow the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food.</p>
<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	<p>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>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>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 files reviewed within timeframes and areas triggered were addressed in care plans reviewed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Ten 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>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>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, NP or specialist consultation. Short-term care 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 22 ongoing wounds including skin tears, skin cancers, and dermatitis like skin conditions. There were two unstageable pressure injuries (one facility acquired and one DHB), three stage 2, one stage 1 and one stage 3 pressure injuries (facility acquired) at the time of audit. All wounds had wound assessments, appropriate management plans and ongoing evaluations completed. Wound nurse specialist input was evident in pressure injury management and the appropriate S31 notifications had been made.</p> <p>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</p>

		<p>described by the RNs interviewed. Caregivers and RNs interviewed stated there are 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>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>The service employs one full-time activities coordinator (qualified diversional therapist), one full-time and three part-time activities assistants who lead and facilitate the seven day per week activity programme. There are set Bupa activities including themes and events. A monthly activities calendar is distributed to residents and is posted on noticeboards. Families can also choose to have the activity calendar emailed to keep them informed and allow family attendance at special events and celebrations.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. There are four levels of activity to guide staff as to which is most appropriate for a particular resident: active able, less active able, less active less able, and limited activity limited ability. The activity programme is further broken down into physical, cognitive, creative and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Each resident has a Map of Life developed on admission. The Map of Life includes previous careers, hobbies, life accomplishments and interests which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for activities, which has been reviewed six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, cooking, quizzes, van trips, sing-alongs, movies, guided meditation and pampering sessions. Community visitors include entertainers, church services and 'canine friends' therapy visits. There are twice weekly van outings to local areas of interest.</p> <p>Younger residents had individual activity plans that reflected their age and ability. These included supports to use technology and age-appropriate music sessions.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions</p>

		for activities made via resident meetings and surveys.
<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/NP, the activities coordinator, resident and family members and any other relevant person involved in the care of the resident. Resident progression towards meeting goals is evaluated and documented at these meetings. 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.</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 Eventhorpe 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, infectious or hazardous substances, generated during service delivery.</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>
<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 warrant of fitness, which expires on 1 December 2021. A request book for repairs is maintained and signed off as repairs are completed. There are two maintenance staff who carry out the 52-week planned maintenance programme. The checking and calibration of medical equipment is completed by an external contractor on a six-monthly schedule. All electrical equipment is tested and tagged. Hoists are checked monthly by maintenance staff in addition to six-monthly external contractor maintenance checks. Hot water</p>

		<p>temperatures are tested (randomly) and recorded every week 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. There is a designated resident smoking area that includes a sprinkling system.</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 four wings (1,2,3 and rest home). All rooms apart from two with ensuites share communal facilities, of which there are a sufficient number for each wing. 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 reported their privacy is maintained at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>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 their own pictures, photos and furniture to personalise their room, as observed during the audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are several lounges throughout the facility and a combined lounge/dining room in the hospital area. The lounges and dining rooms 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 the main hospital lounge/dining area. There are quiet areas if residents wish to have some quiet time or speak privately with friends or family, including a family room with coffee machine.</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>	<p>FA</p>	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry has a dirty to clean workflow and entry and exit doors. All linen and personal clothing is laundered on site by dedicated laundry staff, working am and pm shifts, 7-days per week.</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>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire drills are conducted every six months with the most recent fire drill on 25 June 2021. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of fire equipment. Fire training and security situations are part of orientation of new staff.</p> <p>There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. A 1000 litre water tank is in place as a resource for emergency water use.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Activities and maintenance staff are also trained in first aid and CPR procedures.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Call bells are regularly checked by the caregivers to ensure that residents have access to them, and that the call bells are firmly attached to the wall.</p> <p>Security systems are in place to ensure residents are safe. There are seventeen internal and external security cameras installed. The facility is kept locked from 7 pm to 7 am with two nightly checks by an external security firm.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. The facility utilises ceiling heaters, all of which are thermostatically controlled. All bedrooms and communal areas have at least one external window.</p>

natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<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 officer (registered nurse) 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 officers across Bupa participate in monthly teleconferences.</p> <p>Hand sanitisers are appropriately placed throughout the facility, including automated dispensers at the entrance to the facility. 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. The facility was managing the latter stages of a respiratory outbreak at the time of audit. This was observed to be efficiently and appropriately managed with the full cooperation and participation of the local public health unit. At the time of audit, the rest home area allowed restricted access to visitors, with PPE in use for both visitors and staff. Any affected residents were isolated, and staff were cohorted in specific working areas. There have been no other outbreaks since the last audit.</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 and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Bupa Eventhorpe. The infection control committee meet on a monthly basis, with information then being cascaded as part of staff meetings and also as part of the registered nurse meetings. The IC office has completed training in infection control internally and externally through the local DHB. External resources and support are available through the Bupa quality & risk team, external specialists, microbiologist, GP, NP, wound nurse specialist and DHB when required.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures</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</p>

<p>for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>and education of staff and scope of the programme. Policies are updated regularly and directed from head office.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control officer 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 officer has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking. Resident education is expected to occur as part of the daily care.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Effective monitoring is the responsibility of the infection control officer. 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 Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were six (hospital) residents using restraints and three (hospital) residents using bedrails as enablers.</p> <p>A registered nurse is the restraint coordinator. He has been in this role for over five years and understands strategies around restraint minimisation. Staff interviews, and staff records</p>

		<p>evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education, including assessing staff competency on RMSP/enablers, is being provided. Restraint is discussed as part of staff meetings and in separate, monthly restraint meetings.</p> <p>One file of a resident voluntarily using an enabler to assist in promoting bed mobility reflected evidence of an enabler assessment, written consent provided by the resident, and three-monthly reviews. The enabler is linked to the resident's care plan and includes associated risks.</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. The roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood, evidenced in interviews with the restraint coordinator and care staff. Restraint processes identify the indications for restraint use, consent process, duration of restraint and monitoring requirements. In addition to staff training, staff are required to complete a restraint competency every year.</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>Restraint assessments are undertaken by the registered nurses in partnership with the resident and their family/whānau. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. There is a restraint assessment tool available, which is completed for residents requiring an approved restraint for safety. Ongoing consultation with the resident and family/whānau is also identified.</p> <p>A restraint assessment form is completed for those residents requiring restraint (sighted). Assessments consider the requirements as listed in criterion 2.2.2.1 (a) - (h) and were sighted for the two residents' files reviewed.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. Monitoring and observation are included in the restraint policy. There are approved restraints documented in the policy (low beds, bed rails, t-belts, handholding).</p> <p>The restraint coordinator is responsible for ensuring all restraint documentation is completed.</p>

		<p>The approval process includes ensuring the environment is appropriate and safe. Assessments identify the specific interventions or strategies to try (as appropriate), before implementing restraint. Restraint authorisation is in consultation with the resident (as appropriate) and/or family/whānau and the facility restraint coordinator. Restraint use is reviewed a minimum of three-monthly and as frequently as monthly. Reviews also take place during the monthly restraint meetings.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring requirements are documented, and the use of restraint evaluated regularly by Bupa, in-keeping with its intentions to minimise restraint usage. Each individual has their own register of restraint or enabler use which provides an auditable record.</p> <p>Two resident files were selected of residents using restraint (both using bedrails and t-belts). Restraint assessments were completed, consent for restraint was obtained by family, and the risks associated with restraint use were documented in the residents' care plans. Residents were being monitored two hourly while bedrails restraint was being used, and hourly for the t-belts, evidenced on monitoring forms. Monitoring forms also document when the restraint is released (e.g., for toileting purposes).</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint evaluation considers the areas identified in 2.2.4.1 (a) – (k). Evaluations occur a minimum of three-monthly as part of the ongoing reassessment for residents on the restraint register, and during their six-monthly care plan reviews. Families are included as part of this review where possible.</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>Restraint usage throughout the Bupa organisation is monitored regularly. The review of restraint use across the Bupa facilities is discussed at the regional restraint approval group meetings. Reduction of restraint is an ongoing target as staff work to reduce the number of restraints. The organisation and facility are proactive in minimising restraint while also keeping residents safe. A restraint education and training programme is in place, which includes restraint competencies.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Quality data is collected, collated, trended and analysed with results regularly communicated to staff in the monthly staff meetings. Data is also posted in the staffroom. Quality results reflect a gradual reduction in the number of falls and skin tears, which has resulted in a rating of continuous improvement.	A gradual reduction in the number of hospital level residents falling and a reduction in the number of skin tears has resulted in a rating of continuous improvement. Strategies implemented to achieve these improvements include ongoing staff education in manual handling, increasing the caregiver staffing hours to assist in ensuring that the residents have the time needed to complete their ADLs in an environment is non-rushed and supportive, the purchase of grip socks and hip protectors (to reduce the frequency of injury from falls), early identification of residents at risk of falling, detailed transfer plans that are developed by the physiotherapy staff, the appointment of skin tear champions to help educate co-workers and promote awareness, the implementation of limb protectors, the development of 'high falls risk' care plans, and visual reminders in the staff room to report number of falls and skin tears each month with monthly targets. This data is regularly discussed in the monthly staff meetings and during staff handovers. Falls have gradually reduced from a peak of 21/month (June 2019) to as low as 5 in June 2021. Falls are consistently under the lower control limit threshold for Bupa aged care facilities. Skin tears totalled 190 in 2019, 110 in 2020 and are

			only 70 (year to date) for 2021.
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>All residents are assessed at admission and in an ongoing manner to establish activity interests, preferences and possible benefits. A plan is developed for the residents around activities. The activity programme commenced guided meditation sessions, open to all residents which was then reviewed and improved with resident input. This has resulted in significantly sustained attendance, measurable positive health impact and very positive verbal and written feedback expressed to the service.</p>	<p>In 2019 the Eventhorpe activities team introduced a once weekly guided meditation session for residents to improve emotional and mental well-being. Benefits were evaluated and resident feedback indicated the need for an additional weekly session which was then introduced.</p> <p>Resident outcomes were gauged via a monthly questionnaire, using a rating system where 1 is dissatisfied to 5 being very satisfied. Data over a six-month period (January-June 2021) showed increased engagement in activities, reduced agitation, improved mood and self-awareness.</p> <p>While open to all residents, those with hypertension, anxiety and mental health issues are identified by the nursing team and encouraged to attend. Resident blood pressure measurements are taken before and after meditation sessions and show consistently positive results including reduction and/or stabilisation to a beneficial level. The GP then reviews the results as part of scheduled resident reviews.</p> <p>Resident comments (written and verbal) indicate increased relaxation, mindfulness and enjoyment of the sessions.</p>

End of the report.