

Bupa Care Services NZ Limited - Windsor Park Specialist Senior Care Centre

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: Windsor Park Specialist Senior Care Centre

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care

Dates of audit: Start date: 11 August 2021 End date: 12 August 2021

Proposed changes to current services (if any): A reconfiguration letter had been sent to the Ministry of Health to request changing four rest home beds back to dementia level care beds, and also changing the remaining forty-six beds in Hokonui,

Croydon and Waimea wings as suitable for dual-purpose. This was verified on the day of the audit. The total number of dementia beds will increase from 16 to 20. The remaining rest home and hospital beds were verified as suitable for dual purpose.

Total beds occupied across all premises included in the audit on the first day of the audit: 59

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

Windsor Park Care Home is a Bupa residential care facility. The service provides care for up to 79 residents at hospital, rest home, residential disability-physical, and dementia level of care. On the day of the audit there were 59 residents in total.

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

The service has reconfigured four rest home beds back to dementia level care beds. This increases dementia beds from 16 to a 20-bed secure wing. These four-beds were verified as suitable for dementia level care as part of this audit. Forty-six beds in Hokonui, Croydon and Waimea wings were also verified at this audit as suitable for dual-purpose.

The care home manager is a registered nurse and has been in the role for two and a half years; she has previous experience in education. The care home manager is supported by a clinical manager, a unit coordinator, a team of staff and the southern operations manager.

There are developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Quality initiatives are implemented which provide evidence of improved services for residents. The residents and relatives interviewed all spoke positively about the home, staff and the care provided.

This audit identified areas for improvement around consent, aspects of implementing the quality programme and aspects of care planning.

Consumer rights

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Staff at Windsor Park Care Home strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication, and complaints management. Complaints and concerns have been managed and a complaints register is maintained. 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.

Organisational management

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Windsor Park Care Home has a documented organisational quality and risk management system that supports the provision of clinical care. Quality activities are conducted, and this generates improvements in practice and service delivery. Meetings are held. Residents/family meetings have been held and residents and families are surveyed regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. An education and training programme has been implemented with a current training plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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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Windsor Park has a comprehensive admission package available for residents and their whānau on entry to the service. The files reviewed evidenced that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents and that care plans are developed in consultation with the resident and/or family/whānau. The care plans demonstrate service integration and are reviewed at least six-monthly or when there is an acute change. There is evidence of other allied health and specialist input into resident care. Resident files include one to three monthly reviews by the general practitioners.

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

There is an integrated activities programme implemented for all residents. The secure dementia unit has a specific programme for the residents. The activities programme in the rest home/hospital areas are also available for residents in the dementia area. The activities programme is developed by a diversional therapist and includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All meals and snacks are prepared on site. All residents' nutritional needs are identified and documented. Residents are able to request specific choices. Menus are developed and reviewed by the organisational dietitians.

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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Windsor Park has a current building warrant of fitness. Resident rooms are single, spacious, and personalised. All rooms, ensuite and communal bathrooms are large enough for mobility equipment. Communal areas within each area/community are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained with a dedicated secure garden area for residents in the dementia area. All fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Appropriate training, information, and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. Each shift has a trained first aider is on duty at all times. The temperature throughout the building is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and hoists have been serviced and calibrated. Hot water temperatures are monitored. Chemicals are stored securely throughout the facility. There are cleaning and auditing schedules for the cleaning and laundry services.

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. At the time of the audit, there were four residents using restraints and two using enablers. There is training in restraint minimisation and challenging behaviour management for all staff.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator's (registered nurse's) are responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	47	0	2	1	0	0
Criteria	0	96	0	4	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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 (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff could describe how the Code is incorporated in their everyday delivery of care. Interviews with seven caregivers, four registered nurses (RNs), two enrolled nurses (ENs), one maintenance person, one housekeeper, one diversional therapist, one laundry assistant, and one cook demonstrated their understanding of the key principles of the Code. Staff receive training about the Code during their induction to the service and as part of the education training sessions held.</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 consent.</p>	PA Low	<p>Windsor Park has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. Signed general consents including outings were present in all nine resident files reviewed. Resuscitation treatment plans, and advance directives were completed in the files reviewed. The two files had approval from the need's assessment service for secure dementia care with activated and signed enduring power of attorney EPOAs on file. Two files sampled from the dementia unit had not updated resident consents since the residents had a changed level of care from rest home to dementia level care.</p> <p>Discussions with caregivers, registered nurses (RNs) and enrolled nurses (ENs) confirmed that they</p>

		<p>were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their family/whānau lives.</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>Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services.</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>The service encourages the residents to maintain relationships with their family, friends, and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident and family/whānau meetings are held two-monthly. Monthly newsletters are provided to residents and relatives. There is evidence of sound communication with family members and residents throughout the Covid-19 pandemic lockdown periods.</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 procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all compliments, complaints, both verbal and written, by using a complaint register on RiskMan. There have been two concerns/complaints received since the previous audit. The complaint documentation included documented follow-up emails, letters and resolution that demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussion with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The clinical manager and RNs discuss aspects of the Code with residents and their family on admission. The four residents interviewed (two rest home level and three hospital level) and four relatives (two hospital and two dementia level of care) reported that the residents' rights are being upheld by the service. Interviews</p>

		with residents and family also confirmed their understanding of the Code.
<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 are treated with dignity and respect. Privacy is ensured, and independence is encouraged. Education has been provided to staff in June 2021 around privacy and privacy of information. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect and staff have received training (last held in November 2020).</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 is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. There were no residents that identified as Māori at the time of the audit. Māori consultation is available through Hokonui Runanga Whānau Ora. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. The caregivers interviewed were aware of the importance of whānau, and protocols to be aware of in the delivery of care for Māori residents.</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>	FA	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values, is used to develop a care plan with the resident (if appropriate) and/or their family/whānau consultation. Staff receive training on cultural awareness, and this is a topic on the education planner.</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. Regular education has been provided around the code of conduct for staff (last held June 2021). Professional boundaries are defined in job descriptions which include responsibilities of the position, ethics, advocacy, and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, and performance</p>

		management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	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. General Practitioner (GP) services is provided by two GP practices, with one being the main provider, who visit for three hours twice a week. The service receives support from the local district health board (DHB). Physiotherapy services are provided on site, visiting weekly for at least three hours. There is a regular in-service education and training programme for staff. The service has links with the local community and encourages residents to remain independent. External visits from health professionals include a dietitian and pharmacists who, in addition to supplying medication, give advice to staff regarding medication. The service consistently achieves 100% for completing interRAI assessments within expected timeframes.</p> <p>All Bupa facilities have a master copy of all policies and procedures and a master copy of clinical forms filed alphabetically in folders. These documents have been developed in line with current accepted best and/or evidence-based practice. Windsor Park Care Home is benchmarked against Bupa rest home, hospital, and dementia level of care data. If the results are above the benchmark, a corrective action plan is developed by the service.</p> <p>Windsor Park Care Home and Village received an Above and Beyond award at the BVAC Awards December 2020 due to their response during the flooding through Gore and Mataura. The care home took in 29 residents evacuated from a low-lying Care Home including their Secure Dementia residents (10) and a wheelchair member of the public whose home was flooded. The Village community centre became the St John communication centre. With the award money the service bought outside patio furniture for all staff to enjoy during the summer months.</p> <p>Windsor Park have established a dementia support group to educate and support families of residents in the Charlton (dementia) unit. Bupa's dementia specialist as guest speaker who spoke about dementia and alzheimer's and answered questions. Feedback from families was positive, they realised they weren't the only ones with similar experiences and feelings and were not alone. The meetings have continued following a similar format. Originally, they were to be every three months, however Covid has limited these opportunities. This year a BBQ lunch was held in Charlton and families were invited to join. Charlton residents assisted with some food preparation such as the salads.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and	FA	Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fourteen incidents/accidents forms

<p>provide an environment conducive to effective communication.</p>		<p>selected for review indicated that family/whānau were informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. An interpreter policy and contact details of interpreters is available. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. A monthly newsletter updates the residents and families about past and future events and developments both within the service and the Bupa organisation as a whole.</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>Windsor Park Care Home is a Bupa residential care facility. The service provides care for up to 79 residents at hospital, rest home, residential disability-physical and dementia level of care. On the day of the audit there were 59 residents in total. Currently there are 34 hospital beds, 29 rest home beds (inclusive of 13 dual-purpose beds) and 16 dementia beds in the secure dementia unit. On the day of the audit, there were 23 rest home level residents including one resident on the younger person with a disability contract and one resident receiving respite care. There were 22 hospital level residents including three residents funded by ACC. There were 14 residents receiving dementia level care including one resident receiving respite care. All other residents were under the age-related residential care (ARRC) contract.</p> <p>There was a request sent to the Ministry of Health on 16 July 2021 to reconfigure four beds currently used as rest home beds (previously included in the dementia unit) back to dedicated dementia beds. This will increase the number of beds in the Charlton dementia unit from 16 to 20. The four rooms were viewed during the audit and verified as suitable for dementia level residents. There are currently 13 dual-purpose beds. The service also requested to reconfigure the remaining forty-six beds in Hokonui, Croydon and Waimea wings as suitable for dual-purpose. All current rest home and hospital level resident rooms are spacious and provide adequate space for staff to use equipment required to provide hospital level care.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. The care home manager provides a monthly report to the Southern Bupa operations manager to monitor progress of quality goals. The Southern operations manager visits the facility monthly and virtual meetings are held fortnightly.</p> <p>The service has annual goals that are reported quarterly. The goals for 2021 have been set and are reviewed quarterly. Monthly updates are reported to the quality team with progress against the goals, and the monthly quality meetings document that the plans are discussed including progress towards goals.</p> <p>The care home manager has been in the role for two and a half years. She is an experienced registered nurse (RN), who has an extensive background in teaching nurse students. The care home manager is supported by a clinical manager who is experienced in aged care and a unit coordinator. The care home</p>

		<p>manager reports the service has experienced a high turnover of staff mostly due to staff leaving the area or retirement. At the time of the audit, management were recruiting staff to fill current vacancies.</p> <p>The care home manager, clinical manager and unit coordinator have maintained over eight hours annually of professional development activities related to managing an aged care service.</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 of timely, appropriate, and safe services to consumers.</p>	FA	<p>The organisation has acting care home managers who cover the facility care home manager for absences over two weeks. The clinical manager who supports the care home manager covers short periods of leave. The southern operations manager, who visits regularly, supports both managers.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	PA Moderate	<p>The Bupa quality and risk management programme is documented. Interviews with the managers and staff reflected their understanding of the quality and risk management systems. There are organisational policies and procedures documented. A document control system is in place. Policies are regularly reviewed at head office. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Quality indicator data collected (e.g., falls, medication errors, wounds, skin tears, pressure injuries, and complaints) are collected, collated, and analysed, however, results were not always documented as being communicated to staff. Windsor Park Care Home is benchmarked against Bupa rest home, hospital, and dementia level of care data. If the results are above the benchmark, a corrective action plan is developed by the service.</p> <p>Quality indicator data is collected in RiskMan and collated and analysed with results communicated to staff. Corrective action plans are established and implemented for indicators above the benchmark. An internal audit programme is in place; however, these are not always completed according to the schedule. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external 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, however, this was not always completed. There are a range of meetings that include weekly head of department, quarterly quality/infection control, and health and safety. Monthly clinical/RN meetings are held, other meetings held include staff, kitchen, and activity staff, as three monthly and as required. Staff meetings are held four times a year. Meetings have continued to be held during the Covid-19 pandemic noting that the schedule was modified to maintain social distancing and safe practice.</p>

		<p>An annual satisfaction survey was completed in 2020 with feedback analysed, which reflected positive comments from relatives and residents and an improvement on the previous year survey result. The resident satisfaction survey evidenced increased satisfaction was noted for the building; food services activities remained the same at 8.5 out of 10, and overall satisfaction increased from 8.4 in 2019 to 8.6 out of 10 in 2020. The relatives' satisfaction increased around residents' rooms, staff, food services increased from 6.8 in 2019 to 8.3 in 2020. Level of care, activities and overall satisfaction increased from 8.5 in 2019 to 9.0 in 2020. No areas for corrective actions were identified.</p> <p>Bupa belongs to the ACC Partnership Programme and have attained the tertiary level. The health and safety programme includes a specific and measurable health and safety goal that is developed by head office and is regularly reviewed. The health and safety committee meet four times a year. The health and safety representative interviewed (maintenance) described the health and safety goals for 2021 including a reduction in the number of slips, trip and fall injuries on wet slippery floors. Staff interviewed stated they have the opportunity to provide input at the health and safety committee meetings. Staff undergo annual health and safety training which begins during their orientation. Hazard management is discussed and there is a current hazard register in place.</p> <p>Falls prevention is discussed each month and there is a specific action plan in place for falls minimisation. Individual falls minimisation is documented in residents' care plans.</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>PA Low</p>	<p>Individual reports are completed for each incident/accident, with the immediate action noted and any follow-up action(s) required. Fourteen accident/incident forms from June 2021 were reviewed. Each event involving a resident reflected an initial clinical assessment by a RN and follow-up action. Episodes of behaviours that challenge were documented through the incident/accident process and included family communications. Neurological observations were documented for falls related incidents. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends (link 1.2.3.6).</p> <p>Discussions with the care home manager, the clinical manager and unit coordinator confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, there have been four section 31 notifications made for unstageable pressure injuries in 2020, and one coroner's inquest following a sudden death. A gastro outbreak in December 2020 was notified to the public health authorities in a timely manner.</p>
<p>Standard 1.2.7: Human Resource Management</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files reviewed (one clinical manager, one unit coordinator, one registered nurse, one enrolled nurse, three caregivers, one diversional therapist and one kitchen</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>assistant) evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates including all health professionals involved in the service is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. Staff interviewed believed new staff are adequately orientated to the service.</p> <p>Bupa has a comprehensive annual education schedule. All staff have 16 Learning essentials to attend; there are 12 clinical compulsory topics and 20 non-compulsory/additional topics that may be presented. All staff are encouraged to attend, and a variety of days and times are offered to meet staff needs. This year Windsor Park started half day (4 hours) education sessions for the Learning Essentials by the care home manager, and staff are allocated to these on the roster. Staff on days off are also able to attend these. A number of annual competencies are completed, and signed competency questionnaires were sighted in reviewed staff files, and a spreadsheet is maintained. Additional education has been provided via toolbox talks.</p> <p>Windsor Park Care Home has seven registered nurses (not including the clinical manager and the unit coordinator). Five registered nurses including the clinical manager and the unit coordinator have completed interRAI training.</p> <p>Staff are encouraged to complete New Zealand Qualification Authority (NZQA) qualification through Careerforce training. Currently seven caregivers have completed level 4, 13 caregivers have completed level 3, and 14 have completed level 2 training. There are 18 caregivers who work routinely in the dementia unit, ten caregivers who work in the unit and another four caregivers have completed their dementia standards. The clinical manager, unit coordinator and one casual registered nurse are Careerforce assessors.</p> <p>Person First Dementia Second training was introduced in 2019 and is ongoing; a group of six caregivers are currently completing this.</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>The staffing levels meet contractual requirements. The care home manager, clinical manager and unit coordinator are on duty Monday to Friday and share on-call after hours. Sufficient numbers of caregivers' support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy. There is at least one registered nurse and one enrolled nurse on each duty, with an extra registered nurse added to the roster on morning and afternoon duties as available. The nurses on duty cover the facility. The service is currently recruiting to fill current vacancies. In instances where there are decreased RN cover, there are experienced caregivers rostered with current medication competencies in the rest home areas.</p>

		<p>Staffing levels are as follows:</p> <p>Croydon (rest home) has 13 beds including one dual purpose with seven rest home residents, one resident on respite and one YPD.</p> <p>Waimea (rest home) has 14 beds (including one hospital) with 13 residents at rest home level care and one hospital level care resident.</p> <p>The rest home units are staffed as one, with two caregivers rostered from 7 am to 3 pm. The afternoon shift has two caregivers rostered: 1x 2.30 pm to 11 pm and 1x 2.30 pm to 11 pm (medication competent).</p> <p>The hospital community - Waimumu (dual purpose with 13 beds, with 12 hospital level residents including two residents funded by ACC) and Hokonui has 19 beds including one dual purpose with nine hospital level residents (including one resident funded by ACC), and one resident at rest home level care.</p> <p>There are four caregivers rostered on morning shift and one 'float': 2x 7 am to 3 pm, 2x 7 am to 3.30 pm. the 'float is a new position, shifts are on trial include 6 am to 2 pm or 8.30 am to 2 pm, or 8 am to 2 pm. Afternoon shift has four caregivers rostered: 2x 2.30 pm to 11 pm, 2x 4 pm to 9 pm.</p> <p>The Charlton community has 16 beds currently. On the day of the audit there were 14 residents.</p> <p>The four proposed dementia beds were empty.</p> <p>There are three caregivers rostered on morning shift; 1x 6.45 am to 3.15 pm (community lead), and 2x 7 am to 3 pm. Afternoon shift has two caregivers rostered: 1x 2.30 pm to 11 pm (community lead) and 1x 2.30 pm to 11 pm. There is an activities coordinator from 3 pm to 7 pm Monday to Fridays.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Electronic records are also secure using cloud-based technology.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is</p>	<p>FA</p>	<p>Windsor Park has policies and procedures to safely guide service provision and entry to services, including a comprehensive admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-</p>

<p>facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>developed information pack available for residents/families/whānau at entry, including specific information around secure dementia care. The admission agreement reviewed aligns with the service's contracts. Nine admission agreements viewed were signed. Exclusions from the service are included in the admission 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>Windsor Park has a policy that describes guidelines for death, discharge, transfer, documentation, and follow-up. A record of admission, 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.</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>Windsor Park uses an electronic medication management system and robotic packs. The RN checks all medications on delivery against the medication chart and any pharmacy errors recorded and fed back to the supplying pharmacy. There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration.</p> <p>RNs, enrolled nurses and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Other competencies completed by RNs include insulin administration and syringe driver. Medication administration was observed for hospital level and for dementia care, both followed a safe process. Standing orders are not used at Windsor Park. On the days of the audit there were no residents who were self-medicating.</p> <p>The medication fridges and room temperatures were recorded for each of the three medication rooms, and these were within acceptable ranges. Eighteen medication charts were reviewed across the three levels of care. Photo identification and allergy status were documented. All electronic medication charts had been reviewed by the GP at least three-monthly.</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>All meals are prepared and cooked on site by the kitchen team. There is a full time cook whose days off are covered by a relief cook. Kitchen staff have completed food safety education and are about to undertake further Service-IQ training. A Bupa-wide seasonal menu has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met. There is finger food and snacks available in the dementia unit and hospital/rest home areas for residents who require extras between meals or overnight.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End-cooked food temperatures and food</p>

		<p>temperatures prior to the food being served to the residents are recorded. A current food control plan is in place expiring 22 September 2022.</p> <p>The dementia community has their own dining area with a spacious area for rest home and hospital residents. Food is transported to the dining areas in bain maries where staff were observed assisting residents with their meals and drinks. The meals are served by caregivers. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow the opportunity for resident feedback on the meals and food services generally. Residents and relatives interviewed were satisfied with the meals and confirmed alternative food choices were offered for dislikes.</p> <p>Policies and procedures are available for staff to safely manage the kitchen and meal services. Audits are implemented to monitor performance.</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 service records the reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency if entry were declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Windsor Park has embedded the interRAI assessment protocols within its current documentation. Bupa assessment booklets are commenced at admission and care plan templates were comprehensively completed in the majority of resident files reviewed. InterRAI assessments including assessment summary, MDS comments and client summary reports were evident in printed format in seven of nine files (one was new, and one was respite). The respite and YPD resident had all of the assessments completed, these included (but are limited to) skin, pain, falls, activity interests, general observations and weight. All files reviewed identified that risk assessments have been completed on admission and for those residents who have been at Windsor Park more than six-months. Files have been reviewed at least six-monthly as part of the evaluation and multi-disciplinary review process. Additional assessments for management of behaviour, pain, wound care, and restraint were completed according to need.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery</p>	FA	<p>Nine resident files were reviewed for this audit. Care plans were resident-focussed, with aspects of care well documented. They demonstrated service integration and input from allied health and specialists. The care plans identified links to specialists involved in long-term care. Short-term care plans were in</p>

<p>plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>use for changes in health status and long-term care plans were updated as necessary. The care plan for the resident receiving respite care had an initial care plan completed; this was moved to a Te Ara Whakapiri plan on the day of the audit due to a significant decline in the resident's health.</p> <p>Residents and family members interviewed confirmed they are involved in the development and review of care plans.</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 unit coordinator is able to facilitate a GP visit or specialist referral. Resident and family/whānau interviewed reported their needs were being met. Family/whānau interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. EN/RNs were involved in resident's daily care and ongoing assessments as identified in the progress notes.</p> <p>Resident files include bowel management, and continence products identified for day use, night use, and other management. Specialist advice is available as required and this could be described by the EN/RNs interviewed. Caregivers and EN/RNs interviewed stated there are adequate continence and wound care supplies.</p> <p>There is a wound care folder that covers all communities – the rest home, hospital, and dementia communities. The unit coordinator has an effective system of ensuring staff complete the daily dressings. There were two skin tears in rest home, four (two skin tears and two ulcers) in the dementia unit, with 11 wounds in the hospital (nine skin tears, one vascular ulcer and one healing drain). Overall, the wound plans reviewed had documented assessments with a wound management plan and regular evaluations, however, not all wound assessment planning documentation was in place. A respite care resident was admitted with two wounds that were being attended to by the district nurses in the community.</p> <p>Monitoring charts were utilised, and examples sighted included (but were not limited to), weight and vital signs, blood glucose, pain, food, and fluid, turning charts and behaviour monitoring as required.</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</p>	<p>FA</p>	<p>Facility activities are planned and run by an experienced diversional therapist (DT) who works 40 hours per week. A new activities assistant has been employed to provide dementia-specific activities between 3 pm and 7 pm. Activities are provided across seven days with activities held during the morning and afternoons. There is a programme for the hospital and rest home, residents from all areas can join in any of the activities. Resident files in the dementia unit and for residents who had previously been in the dementia unit (not hospital level care) included a 24-hour activity plan and a detailed plan called 'My Day My Way' which identifies resident preferences.</p>

<p>the service.</p>		<p>For residents under 65 years (YPD) the diversional therapist will plan a specific programme to meet their needs. The current resident who is under 65 years is independent in their activities, they are able to go out independently and enjoy their Sky TV, especially sports. The DT checks in with the resident regularly to see if there are any updates required.</p> <p>If residents give consent, the DT completes the map of life with residents and their family/whānau. These are either displayed in the resident's room or kept on their file. Further to this the activities and socialisation section of the care plan is done with the resident and their family; reviews are completed at least six-monthly. Attendance records are maintained in the resident files reviewed.</p> <p>The monthly planner is developed to include a range of activities. An A4 planner is placed in all the resident's rooms and communal spaces, and for residents with sight issues an A3 planner is placed in their room. There is also a whiteboard with daily activities written on it. Residents from the dementia unit are able to join in the hospital/rest home activities as well as having dementia-specific activities in the secure unit. Family members are encouraged to join in activities, including van trips. Activities include themed activities, walks, crafts, school visits, bingo, library, church services and singalongs. Activities were evident in all areas on the days of the audit.</p> <p>For residents who are unable to cope or enjoy group activities there are one-on-one activities available which include talking to the residents individually, hand massages, passive exercises, and reminiscing.</p> <p>Residents and family/whānau have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. Residents and family interviewed, stated the activity programme was varied and met their individual interests and confirmed their enjoyment of the programme.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>In the files that were reviewed there were written evaluations that described the resident's progress against the residents identified goals. InterRAI assessments have been completed in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were implemented and evaluated. Long-term care plans had been updated where health conditions had changed. The multidisciplinary review (MDR) involves the RN, Nurse Practitioner for Older Persons, Hospice and where appropriate resident and their family/whānau. The clinical manager/unit coordinator notify the family of the outcome of the review if they are unable to attend. There is at least a one or three-monthly review by the GP.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p>	<p>FA</p>	<p>Windsor Park facilitates access to other medical and non-medical services. When reviewing a resident file there was evidence of a reassessment for a change in level of care when a resident experienced a change in their health status. Discussion with the clinical manager, unit coordinator and RN/ENS</p>

<p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>identified that the service has access to a wide range of support either through the GP, Bupa specialists and allied services. Files reviewed included referral to a number of services including (but not limited to) dietitian, wound care specialist, hospice nurses, nurse practitioner for older persons, mental health, and physiotherapist.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances in place. Chemical bottles sighted have correct manufacturer labels. Chemicals were stored safely throughout the facility with material safety datasheets available for staff. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the two days of the audit. There are chemical spills kit 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>	<p>FA</p>	<p>The building holds a current building warrant of fitness, which expires on 6 August 2022. The maintenance person works full time and attends to all repairs except when a tradesman is required, there is a list of preferred tradesmen. The maintenance person provides on call for facility matters. The maintenance person was able to describe how reactive and the 52-week preventative maintenance plan occurs. The checking of medical equipment including hoists, has been completed annually by an external contractor. All electrical equipment has been tested and tagged. Hot water temperatures have been tested and recorded monthly with corrective actions taken for temperatures outside of the acceptable range.</p> <p>The corridors are spacious 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.</p> <p>Windsor Park have requested a reconfiguration to change four rooms (previously part of the dementia unit), currently used as rest home beds back to dementia beds.</p> <p>There is secure entry to the current 16 bed dementia special care unit, there is another set of doors beyond this and by the extra four beds, which will be designated as part of the secure unit and take the bed numbers to 20. The proposed rooms are spacious with large windows with views to the garden and the countryside beyond. The corridor where the proposed rooms are, has locked access to the laundry, and a cleaning cupboard. The outside area in the dementia unit is secure with well-maintained easily accessed garden areas and has enough space to accommodate 20 residents. The internal communal areas are large and spacious and will easily accommodate the extra four residents.</p>

		The caregivers and RNs interviewed stated that they have all the equipment required to provide the care documented in the care plans. Registered nurses stated that when something that is needed is not available, management provide this in a timely manner.
<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	Toilet and shower facilities are of an appropriate design to meet the needs of the residents. The fixtures, fittings, floors, and wall surfaces are constructed from materials that are easily cleaned. There are communal toilets located near the lounge/dining rooms. Communal toilet facilities and showers have privacy locks and slide signs that indicate if they are engaged or vacant. Residents interviewed reported their privacy is maintained at all times.
<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	The resident rooms are in the rest home and hospital and are spacious and have double leaf doors to allow access for mobility aids and transferring equipment such as hoists. Residents are able to personalise their rooms with their own pictures and furniture. Staff interviewed reported that rooms have sufficient space to allow cares to take place. All resident rooms are spacious and either have external access to the gardens or large windows with views of the garden or countryside. All resident rooms provide adequate space for staff to use equipment such as hoists. All resident rooms in the rest home and hospital were verified as suitable as dual-purpose. Resident rooms in the dementia unit are spacious.
<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>Windsor Park has a variety of communal areas, these include large open plan lounges and dining areas as well as smaller areas for residents as well as a meeting room.</p> <p>The dementia unit is spacious and has an open dining/lounge area as well as a recently refurbished smaller lounge for residents who want to enjoy a quieter space. There is a large outdoor area for residents to enjoy a walk and time outdoors. The four extra rooms will bring the area up to 20 dedicated dementia beds. The dining, lounge and outdoor areas are large enough for the increase in residents.</p> <p>There is an area at the entrance where residents, family/whānau can enjoy a coffee and comfortable chair. All resident areas are easily accessible for residents. Seating is arranged to allow both individual and group activities to occur. There are adequate spaces to allow freedom of movement while promoting safety for those that wander. All communal areas internal and external are easily accessible</p>

		for residents using mobility aids
<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 is an onsite laundry where all linen and personal clothing is laundered. The laundry has a dirty to clean workflow. There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are internal audits to monitor the effectiveness of the cleaning and laundry processes. The dedicated laundry and housekeeping staff have had training in chemical safety. Cleaning trolleys are kept in designated locked cupboards when not in use, and there is a locked cupboard on the trolley for all chemicals. Residents and family interviewed reported satisfaction with the cleaning and laundry service.</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>Windsor Park has an emergency management plan in place to ensure health, civil defence and other emergencies are included. There is an approved fire evacuation plan in place. There was six monthly fire evacuation attendance documentation sighted, last completed on 12 February 2021. Fire training and security situations are part of orientation of new staff and are ongoing as part of the annual training plan.</p> <p>Windsor Park has adequate supplies in the event of a civil defence emergency including food, supplies (torches, radios, and batteries). Windsor Park relies on electricity for heating and cooking, and in the event of losing power, Windsor Park has access to generators, foil blankets and two BBQs for food preparation. There are civil defence/outbreak supplies available in the rest home and hospital areas. Water storage will ensure there is three litres per day for seven days per resident.</p> <p>Emergency lighting is in place. Each shift has a trained first aider rostered on. Residents' rooms, ensuites, communal bathrooms and all living and dining areas have call bells. A number of resident rooms have an adjoining ensuite. Call bells and sensor mats when activated show on a display panel and give an audible alert. Residents have call bells within reach, observed on the day of the audit. Windsor Park is secure after hours with security lighting. Covid-19 sign-in is mandatory for visitors and staff. The service has a visitors' book at reception for all visitors, including contractors, to sign in and out. Public access is through the main entrance.</p> <p>The keypad or secure entry has already been installed where the proposed rooms are. This is ready to be activated when residents are admitted to the rooms. The current entry door will be opened to extend the corridor to the four new rooms.</p>
Standard 1.4.8: Natural Light,	FA	The facility has underfloor heating and ceiling panels throughout the personal and communal areas.

<p>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>		<p>There is plenty of natural light in residents' rooms. Heat pumps are being progressively installed in areas across the building to assist with and maintain the correct heat and cooling for the communal areas. All communal rooms and bedrooms are well ventilated and well lit. Residents and family members interviewed stated the temperature of the facility was comfortable.</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>	<p>FA</p>	<p>The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and current infections within the facility (link 1.2.3.6). The infection control coordinator position is shared between two registered nurses, with oversight from the clinical manager. They are responsible for infection control across the facility. The committee and the Bupa governing body is responsible for the development of the infection control programme and its review. The facility infection control committee consists of the two infection control coordinators and the clinical manager. Infection control results are discussed at the quality meeting. Emergent matters are discussed at the head of department meetings, and with staff at handovers. There is external input as required from general practitioners, and Bupa quality & risk team.</p> <p>The service has process' and procedures implemented to manage the risk posted by Covid-19. Bupa implemented weekly teleconferences during Covid-19 lockdown to ensure staff have the most up to date information. Additional education has been provided around PPE and 100% of staff have attended.</p> <p>All residents are screened using the Covid-19 screen form prior admission. All visitors complete a health questionnaire and are required to sign the register on entry to the facility for contact tracing purposes. All visitors are reminded not to visit if they are feeling unwell.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme at Bupa Windsor Park. The infection control (IC) coordinator has maintained best practice by attending an external infection control & prevention training day. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available in the corridors and have been installed in each resident room in the rest home and hospital areas. The five moments of hand washing posters have been placed in each residents' room. Bupa are currently sourcing a supplier for personal protective equipment. Alcohol wipes are used to clean hoist slings between use. The service has ordered a further supply which is currently on back order. Residents with infections have their individual hoist slings. Communal equipment such as shower chairs are cleaned between use.</p> <p>The infection control team meet virtually with the Bupa infection control specialist two monthly.</p>

		The district health board (DHB) performed a Covid-19 audit, all recommendations have been addressed.
<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	The organisational 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. All policies, procedures and the pandemic plan have been updated to include Covid-19 regulations.
<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 coordinators are responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. The infection control coordinators have access to the Bupa intranet with resources, guidelines best practice and group benchmarking.</p> <p>Infection control training is regularly held as part of the annual training schedule. IC competencies and toolbox talks are also held.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators collate information obtained through surveillance to determine infection control activities and education needs in the facility. Trends are identified and analysed, and preventative measures put in place. Graphs of benchmarking are available to staff; however, trending of data is not always documented as occurring (link 1.2.3.6). The facility benchmarks with other Bupa facilities.</p> <p>The infection control coordinators use 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 coordinators. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Infections are entered into the electronic data base for benchmarking. Corrective actions are established where trends are</p>

		identified. There was one gastroenteritis outbreak in 2020 which was well documented, logs were maintained, and the public health services was contacted in a timely manner.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. At the time of the audit, there were four residents using restraints and two using enablers. There is training in restraint minimisation and challenging behaviour management for all staff.
Standard 2.2.1: Restraint approval and processes 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.	FA	The restraint minimisation policies and procedures describe the approval process. The restraint coordinator is a RN whose roles and responsibilities are documented and understood by the staff. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	InterRAI assessment identifies risk and the need for restraint. The falls risk assessments are at admission and then as required/six-monthly, this assessment may indicate the need to consider restraint. The assessment tool that is used for restraint is completed for residents requiring an approved restraint for safety. Assessments are undertaken in partnership with the resident and their family/whānau by qualified and skilled staff. The care plan provides the foundation for the restraint assessments along with resident discussions and the staff observing residents. Ongoing consultation with the resident and family/whānau was evident. Six files were reviewed for the four residents using restraint and two residents using enablers. The completed assessment considered those listed in 2.2.2.1 (a) - (h).
Standard 2.2.3: Safe Restraint Use	FA	There is an approval process (as part of the restraint minimisation policy) that is applicable to the service. The approval process includes ensuring the environment is appropriate and safe. It is demonstrated in the files reviewed that assessments and care plans identify specific interventions or

Services use restraint safely		strategies to try (as appropriate) before restraint is used. The care plans reviewed also identified observations and monitoring. Restraint use is reviewed through the three-monthly assessment and evaluation, three-monthly restraint meetings and six-monthly multidisciplinary meeting which includes family/whānau input. A restraint register is in place providing a record of restraint use and is completed for residents requiring restraints and enablers.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	In the files sampled it is evident that appropriate evaluations are occurring. Restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluation has occurred three-monthly as part of the ongoing reassessment for the residents on the restraint register and as part of their care plan review. Evaluation timeframes are determined by risk levels.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	Windsor Park monitors its usage and benchmarks this across the Bupa group. A regional restraint approval group teleconference meeting occurs three-monthly, and this group also disseminates this throughout the organisation. Approved restraint for Windsor Park residents is reviewed quarterly through the facility restraint meeting and as part of the internal audit programme.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.10.4</p> <p>The service is able to demonstrate that written consent is obtained where required.</p>	PA Low	<p>Residents and where appropriate their family/whānau/EPOA are able to make informed choices and give informed consent as required. Resident files sampled from the dementia unit had updated some resident consents with the activated enduring power of attorney when the residents had a changed level of care to dementia level care. However, there were consents in the resident’s file which had been completed prior to the change in level of care that were signed by the resident prior to the EPOA activation.</p>	<p>Two of three resident files reviewed from the dementia unit did not have consents updated when the change in level of care was increased to dementia level care.</p>	<p>Ensure all resident consents are updated when the residents have a change in their level of care.</p> <p>180 days</p>
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers</p>	PA Moderate	<p>A range of meetings are held throughout the year. The weekly head of department meetings keep all departments abreast of current affairs. The quarterly meetings provide an overview of the quarter, however, not all meeting minutes include discussions with staff around quality data.</p>	<p>There was no documented evidence of discussions with staff around quality data, including benchmarking results and corrective actions.</p>	<p>Ensure meeting minutes include discussions with staff around quality data results.</p>

and, where appropriate, consumers.				90 days
<p>Criterion 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	PA Low	An organisational internal audit schedule has been documented for 2020 and 2021, however, these have not always been held according to schedule.	Internal audits for building compliance, emergency procedures, code of rights knowledge, cleaning, kitchen and nursing audits, first impressions, and an environmental offices audit were not completed in 2020.	<p>Ensure internal audits are held as scheduled and results are discussed at meetings.</p> <p>180 days</p>
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	A folder of corrective actions which have been identified was in place. Policy states the threshold for corrective actions to be implemented is set below 95% compliance, however, not all corrective actions had been identified for internal audits with less than 95% compliance. Where corrective actions had been identified, these were not always signed off as completed, or progression towards completing was not documented.	There were no corrective actions identified for internal audits with less than 95% compliance including clinical files, care planning, multi-disciplinary reviews, restraint, manual handling, admissions, office spaces, first impressions and food services.	<p>Ensure all corrective actions are identified, followed up and progression towards completion is recorded for ongoing issues, and all corrective actions are signed off and discussed at meetings.</p> <p>180 days</p>
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify</p>	PA Low	Electronic incident forms were completed for all resident incidents and near misses. The relatives had been notified where indicated, and all incident reports reviewed identified follow-up by a registered nurse and associated wound care charts and neurological observations were scanned onto the system, however, opportunities to minimise risks were not always documented on the incident reports or identified in	Eight (two hospital, two rest home and four dementia) of fourteen electronic incident reports reviewed did not document opportunities to minimise future risks.	Ensure opportunities to minimise future risks are identified and documented on incident reports and included in care plan interventions.

opportunities to improve service delivery, and to identify and manage risk.		care plan interventions.		90 days
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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, 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

End of the report.