

Bupa Care Services NZ Limited - Cedar Manor 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:	Cedar Manor Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 16 November 2021 End date: 17 November 2021
Proposed changes to current services (if any):	Nil
Total beds occupied across all premises included in the audit on the first day of the audit:	82

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

General overview of the audit

Bupa Cedar Manor is part of the Bupa group. The service is certified to provide rest home, hospital (geriatric and medical) and dementia levels of care for up to 92 residents. On the day of audit there were 82 residents.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. The 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 Cedar Manor is managed by an experienced, non-clinical care home manager who has been in the role for three years and has worked for Bupa for nine years. She 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.

This certification audit identified that one improvement is required in relation to call bell response times.

Two areas of continuous improvement have been awarded around staff training and restraint minimisation.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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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.		Some standards applicable to this service partially attained and of low risk.
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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.		Standards applicable to this service fully attained.
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Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

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

All cooking and baking are done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans. There are nutritious snacks available 24 hours per day.

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 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.		All standards applicable to this service fully attained with some standards exceeded.
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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 no residents using restraints and one resident using an enabler. 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.
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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 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 have been two outbreaks since the last audit; both of which were 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	43	0	1	0	0	0
Criteria	2	90	0	1	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 eighteen staff (one unit coordinator/RN, three staff RNs, eight caregivers who work across the rest home, hospital and dementia wings on the AM and PM shifts, two kitchen staff, one diversional therapist, one housekeeper, one laundry, one maintenance) confirmed their familiarity with the Code and its application to their job role and responsibilities. Annual education and training relating to the Code is mandatory for staff to attend.</p> <p>Interviews with five residents (four rest home and one hospital, and seven relatives (two hospital, two rest home, three dementia) confirmed that the services being provided are in line with the Code. The hospital level resident under the young person with a disability contract was not able to be interviewed. 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</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 or enduring power of attorney (EPOA). Care staff were knowledgeable around informed consent. The resident files for those who shared rooms</p>

<p>family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>		<p>in the Tui Haven (dementia wing) had evidence of discussion with family/EPOA and documented consent related to room sharing. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>There was evidence in files reviewed of family/EPOA discussion with the GP for a medically indicated not 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 (as appropriate), 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, and certificates of mental incapacity were present in resident files as appropriate.</p>
<p>Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<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.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Community links are evident through the activities programme, and regular (monthly) newsletters that are provided to residents, families, and a separate monthly newsletter for staff.</p>
<p>Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at reception, adjacent to a suggestions box. Information about complaints is provided on admission. Interviews with residents and families reflected their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.</p> <p>An electronic complaint register is maintained. One complaint, reported by HDC on 15 October</p>

		<p>2020, remains open. Actions are being addressed through the Bupa head office. Corrective actions implemented, recommended by HDC, have included actively involving external mediation services. However the mediation was unsuccessful. Further corrective actions were underway at the time of the audit. Bupa has now embedded a nurse call audit,</p> <p>Twenty-six complaints have been received in 2021 (year-to-date). Four complaints in regard to residents' cares were reviewed in detail. Evidence indicates that complaints are managed in accordance with HDC guidelines. All 2021 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 were observed 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.</p> <p>There are two double/shared rooms, located in the dementia wing, that were occupied. Curtains protect each resident's privacy. Family have consented to this arrangement, as documented in the family communication record in each resident's file. Two couples, living in the rest home/hospital wings were each occupying their own room.</p> <p>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 annual mandatory training in relation to abuse and neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori</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</p>

<p>Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>		<p>visible locations. The service has established links with the local iwi Ngai Te Rangi. A list of Māori groups and health care providers is available at reception. The resident room is blessed by either Māori staff or a kaumātua following a death. Staff mandatory training covers cultural safety.</p> <p>A cultural assessment is completed during the Māori resident's entry to the service (sighted in the file of one resident who identifies as Māori). This resident, or their whānau, were unavailable to be interviewed.</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>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. 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 that 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 (eg, mental health services). A general practitioner (GP) or a nurse practitioner (NP) visit the facility twice times per week. The GP also provides urgent and out of hours requirements as needed. Physiotherapy services are provided one day (six hours) per week with a physiotherapy assistant available five mornings per week.</p> <p>The education and training programme for staff includes in-service training, impromptu training (toolbox talks) and competency assessments. Staff dementia training has resulted in a rating</p>

		of continuous improvement (link 1.2.7.5). The activities programme is provided to residents six days a week. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain independent.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and 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. Fifteen 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 or if there has been an adverse event.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance. Signage to assist with translation was present in one room of a resident who was unable to communicate or understand English.</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>	FA	<p>Cedar Manor is part of the Bupa group of aged care facilities. The care facility has a total of 92 beds, suitable for rest home, hospital, and dementia levels of care. Hospital level of care is certified for residents funded under a medical contract. During the audit there were 82 residents (30 rest home level, 35 hospital level, 17 dementia level). There was one (hospital) resident under the young person with a disability (YPD) contract. The remaining residents were under the age-related residential services agreement. Twenty-five beds are certified as dual-purpose, 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 has a background in finance. She has worked for Bupa for nine years and has been the care home manager at Bupa Cedar Manor for three years. She is supported by a clinical manager/RN who has been in the role for four years and has been employed by Bupa for the past seven years.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of</p>

		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. In the absence of the clinical manager, the unit coordinator is responsible for clinically related issues.
<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 Low	<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 and/or changes to policy are communicated to staff, evidenced in meeting minutes. Staff are asked to read and sign that they understand the policy changes.</p> <p>Data collected (eg, falls, medication errors, skin tears, bruising, infections) are collated and analysed using an electronic system (RiskMan). Annual satisfaction survey results reflect that residents and families are overall very satisfied with services; 2021 results have just been released. An internal audit programme is being implemented. Quality and risk data are shared with staff via meetings and posting results in the staffroom. 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. Missing was evidence of a corrective action being implemented around the timeliness of answering call bells.</p> <p>The health and safety programme covers specific and measurable health and safety goals that are regularly reviewed. A health and safety representative (RN) was interviewed regarding their role on the health and safety team. The health and safety team meet once a month. A hazard identification form is being implemented with examples provided. 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</p>

		<p>the premises.</p> <p>A fall focus group convenes monthly to address residents at risk of falling. Falls prevention strategies are individualised and are based on the individual needs of each resident. A range of strategies are implemented including (but not limited to) regular toileting, intentional rounding, the staff designation of falls champions, the purchase of non-slip mats and encouraging residents to attend activities.</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>	FA	<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 15 accident/incidents reviewed (unwitnessed and witnessed falls, pressure injuries, episodes of challenging behaviours, bruising, skin tears). Adverse events are trended and analysed using RiskMan, with results communicated to staff both in staff meetings and in the staffroom. There is evidence to support actions are undertaken to 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 her awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports, completed through the head office since the previous audit have included seven stage three (or higher) pressure injuries, two missing residents that involved the police, and one environmental (call bell) failure. Public health and the DHB were notified regarding two outbreaks that occurred in 2021. The DHB was also notified in regard to three missing residents that did not require a police investigation.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place which include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience, and veracity. A register of current practising certificates is maintained for health professionals. Ten staff files reviewed (five caregivers, two RNs, one kitchen assistant, one activities assistant, one cleaner) evidenced that reference checks are completed before employment is offered. Also sighted in each personnel file reviewed were signed employment agreements, 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 relevant to the role the staff member is in, and impromptu (toolbox) talks. Both internal and external speakers are invited to present. A</p>

		<p>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 three times per year.</p> <p>The facility has fully embraced the Bupa person first – dementia second programme with 30 staff now fully qualified. A rating of continuous improvement has been awarded for this achievement.</p> <p>Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQA) requirements. There are 23 caregivers who are level four qualified. In the dementia unit eight of ten caregivers have completed the required dementia qualification and the remaining two caregivers are in the process of completing this qualification. Both of these caregivers have been employed for less than 18 months.</p> <p>There is a minimum of one first aid/CPR trained staff on duty and on outings. Thirteen of eighteen RNs have completed their interRAI training and three RNs have completed their professional recognition portfolio (PDRP). There is a minimum of one first aid trained staff on duty 24/7. All kitchen staff have completed their food safety training on site. Chemical safety training is included in staff orientation and as a regular in-service topic.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy are in place.</p> <p>The care home manager (non-clinical) is supported by a clinical manager/RN and both are employed full time (Monday – Friday).</p> <p>Dementia wing (Tui wing) with 17 residents: An RN is rostered seven days a week on the AM and PM shifts. Two caregivers; one eight hour (long) and one short shift are rostered on the AM shift, two short shift caregivers are rostered on the PM shift, and one caregiver is rostered on the night shift.</p> <p>Hospital wing (Kauri wing) with 25 hospital and 6 rest home level residents: An RN is rostered 24/7 across the AM, PM, and night shifts. There was a unit coordinator vacancy for the hospital wing at the time of the audit. Four long and two short shift caregivers are rostered on the AM shift, five long and two short shift caregivers are rostered on the PM shift, and two caregivers are rostered on the night shift.</p> <p>Rest home wing (Ocean View wing) with 24 rest home and 10 hospital level residents: An RN is rostered 24/7 across the AM, PM, and night shifts. The AM RN is a unit coordinator five days a week. Two long and one short shift caregivers are rostered on the AM shift, one long and one short shift caregivers are rostered on the PM shift and one caregiver is rostered on the</p>

		<p>night shift.</p> <p>Separate cleaning and laundry staff are rostered. 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 demonstrate 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 their need for services has been identified.</p>	FA	<p>There is an implemented Bupa admission policy. All residents have a needs assessment completed prior to entry that identifies the level of care required. The care home manager and clinical manager screen all potential enquiries to ensure the resident has been assessed at the correct care level required for admission and that the service can meet the specific needs of the resident.</p> <p>An information pack including all relevant aspects of the service (including dementia care), advocacy and health and disability information is given to residents/families/whānau at entry. All relatives interviewed were familiar with the contents of the pack. The admission agreement provides information on services which are excluded, and examples of how services can be accessed that are not included in the agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation, and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. One resident file reviewed had been recently admitted to hospital post fall. All appropriate documentation and communication (including to family) 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, and medication competent 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. Six 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 effectiveness is documented post-administration. The service, in conjunction with the GP and local PHO pharmacist had recently initiated a programme of in-depth reviews to reduce polypharmacy, the results of which have yet to be assessed. There are no standing orders in use and no vaccines are kept on site.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The chef manager oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the chef (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 near to the hospital dining area, with rest home and dementia unit meals</p>

		<p>being individually trayed and delivered via temperature-controlled scan boxes 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 three 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>	FA	<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>	FA	<p>Ten resident files were reviewed across a range of conditions including (but not limited to) falls, 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 (where appropriate) and relative involvement in care planning. Activity assessments were completed by the activities staff within three weeks of admission. Care plans reviewed</p>

		provided evidence of individualised support. Short-term care plans are in use for short-term needs and changes in health status.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<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 and physiotherapy assistant are employed to assess and assist residents' mobility and transfer needs.</p> <p>There was evidence of wound nurse specialist involvement in chronic wounds. There were 18 ongoing wounds including skin tears, skin cancers, and post-surgical wounds. There was one stage 2 pressure injury (facility acquired) at the time of audit. All wounds had wound assessments, appropriate management plans and ongoing evaluations completed.</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 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>	FA	<p>The service employs one full-time diversional therapist, and two part-time activities assistants who lead and facilitate the activity programme Monday to Friday, and part-time on Saturdays. Saturday activities are currently taking place between 9 am - midday, with Saturday afternoons and Sundays having caregivers facilitate activities that have been pre-prepared by the diversional therapist until another weekend activity team member is recruited (currently in process). There is also a dedicated van driver. There are set Bupa activities including themes and events. A monthly activities calendar is distributed to residents and is posted on</p>

		<p>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. The activities team has facilitated a calendar for resident led activities, where activities staff will prepare and set up, and then the activity is led by a resident volunteer.</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 van outings five days per week, Monday to Friday to local areas of interest.</p> <p>The younger resident (YPD) has an individual activity plan that reflects their age and ability. This includes support to use technology, age-appropriate music, and supported shopping sessions.</p> <p>Residents in the secure dementia unit had 24-hour activity plans which included strategies for distraction and de-escalation.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<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 team, resident (if appropriate) and family members/EPOA. 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</p>

		issues. These are evaluated at regular intervals.
<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 Cedar Manor 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 dementia 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>There are two wings for hospital and rest home residents (Kauri and Ocean) each with a total of 37 beds available. There is an 18-bed dementia unit.</p> <p>The building holds a current building warrant of fitness, which expires on 26 February 2022. A request book for repairs is maintained and signed off as repairs are completed. There are two maintenance staff (one full-time and one part-time) who carry out the 52-week planned maintenance programme. The checking and calibration of medical equipment is completed by an external contractor on an annual schedule. All electrical equipment is tested and tagged. Hoists are checked monthly by maintenance staff in addition to the annual external contractor maintenance checks. Hot water temperatures are tested and recorded 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. The external areas and gardens are well maintained and easily accessible (including wheelchairs). There is a balcony surrounding the entrance where residents can be seated in shaded areas and additional outdoor furniture throughout the garden areas. There is keypad entry to the secure unit. The outside area in the dementia unit is secure and gardens are well</p>

		<p>maintained with easy access from lounge areas and include an aviary and purpose-built outdoor activity area. There is a monitored designated resident smoking area for the rest home and hospital wings.</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>All bedrooms in the Ocean View wing have ensuite showers and toilets. In the Kauri wing, which caters for hospital residents and Tui Haven wing for dementia level of care, there are adequate numbers of communal toilets and shower rooms to meet resident needs. A visitors' toilet is situated just off the main entrance between Ocean View and Kauri wings. 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 bedrooms in Ocean View wing are single and spacious. In the Kauri wing, the rooms are single apart from two larger rooms which can be shared by a couple. In the Tui Haven wing which caters for dementia residents, the rooms are single apart from two doubles which are shared. All are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Residents and families are encouraged to bring their own pictures, photos, and furniture to personalise the rooms, 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 each area (Ocean View, Kauri and Tui Haven) has its own dining room. Food is served from temperature-controlled scan boxes which come from the main kitchen. The lounges and dining areas are large enough and have adequate seating and space to allow for individual and group activities to occur. 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.</p> <p>There are quiet areas if residents wish to have some quiet time or speak privately with friends or family, including a family/whānau room. The dementia unit has two external doors opening from main dining area allowing safe secure access to the gardens. There is adequate space to</p>

		allow maximum freedom of movement while promoting safety of confused residents.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is situated in the basement level and has a dirty to clean workflow and entry and exit door. The service has a no lift/carry policy so dirty linen is delivered into the laundry via a laundry chute, with clean laundry being sent back to the ground floor in wheeled baskets via the service elevator. All linen and personal clothing is laundered on site by dedicated laundry staff, covering 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>	FA	<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. A business continuity plan is in place (updated 27 July 2021) in the event of a civil defence, or pandemic event. 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. Water stores include 4000 litres, stored in two tanks in the ceiling space for emergency water use. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</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 to ensure that residents have access to them, and that the call bells are firmly attached to the wall. The response to call bells exceeds acceptable standards of care (link 1.2.3.8).</p> <p>Security systems are in place to ensure residents are safe. There are internal and external security cameras installed including at the entrance to the facility. The facility is kept locked from dusk to dawn. In addition to an external security firm that routinely monitors the facility at night-time, staff complete regular security checks.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. The facility utilises heat pumps and gas heating, all of which are thermostatically controlled. All bedrooms and communal areas have at least one external window which let in natural light. The temperature of the facility is 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>	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.</p> <p>Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. The majority of residents and all staff working in care have received both doses of the Pfizer Covid-19 vaccine. Residents and staff are offered the influenza vaccine. Covid-19 scanning/manual sign in is mandatory on entry to the facility and the use of face masks is required as part of level 2 restrictions. 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.</p> <p>There have been two outbreaks (one respiratory and one gastro) in 2021 which were appropriately managed and included liaison with the local DHB. Public health authorities were notified.</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 Cedar Manor. The infection control committee meet monthly and then feed into staff, clinical and quality meetings. The IC coordinator has completed training in infection control. External resources and support are available through the Bupa quality & risk team, external specialists, microbiologist, GP, wound nurse specialist and DHB when required.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policies are updated regularly and</p>

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.		directed from head office.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff.</p> <p>The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking.</p> <p>Consumer education is expected to occur as part of the daily care.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control 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</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	CI	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraints and one rest home level resident using bedrails as an enabler.</p> <p>The clinical manager is the restraint coordinator. She understands strategies around restraint minimisation and has been instrumental in maintaining a restraint-free environment since 2018.</p>

		<p>This positive achievement has resulted in the award of a continuous improvement.</p> <p>Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff 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 rest home level 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 include risks associated with the use of bedrails.</p>
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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 1.2.3.8</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	<p>Corrective actions resulting from internal audits are typically signed off when implemented. Missing was evidence of a corrective action plan being implemented around the timely response to call bells. During an interview with the care home manager and clinical manager, this was acknowledged as a concern and actions were being established to address this issue.</p>	<p>The timely response to call bells exceeded 10 minutes in 52 cases and 57 instances respectively over two (one week) periods (1 Nov 2021 – 7 Nov 2021 and 8 Nov 2021 – 15 Nov 2021). Interviews confirmed the resident and family concerns in relation to delays in staff responding to call bells. The care home manager stated that the call bell alert system should be escalated after six minutes but she does not believe that this is working.</p>	<p>Ensure a corrective action plan is implemented to address call bell response times.</p> <p>90 days</p>

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
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>A robust education and training programme is being implemented that includes the Bupa person first – dementia second training for staff. A significant number of positive resident</p>	<p>The person first, dementia second education programme has been continuously running at Cedar Manor since January 2019. Thirty staff have now completed the programme, which is made up of seven modules delivered over eight, two-hour sessions. There are four person first coaches at Cedar Manor who are responsible for delivering this programme. Staff interviews confirmed that the person first programme has been very successful in helping staff to better understand what it may be like to live with a diagnosis of dementia. Staff interviews provided a range of outcomes to benefit residents living with dementia including using simple commands when asking residents to complete a task, developing greater confidence when managing residents with challenging behaviours, and developing a much better understanding of residents' individual needs. The chef reported that it has taught him to be more flexible in providing food to residents. One staff set up a hair salon in the lounge to support a resident who previously worked as a hair stylist. The RN interviewed from the dementia wing stated that since the implementation of this learning programme, communication between residents and staff has improved and that the staff are coping with difficult behaviours in a more positive manner. A housekeeper reported that prior to her person first training she would steer residents away from her housekeeping trolley and now she allows the residents to help her by giving them a clean duster to wipe handrails, ensuring that chemicals are not used.</p>

		outcomes have been achieved as a result of this training.	
<p>Criterion 2.1.1.4</p> <p>The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	CI	The facility has maintained a restraint-free environment since 2018.	Strategies implemented to maintain a restraint-free environment since 2018 have included keeping residents occupied with purposeful activities, educating families on the benefits of keeping their family in a restraint-free environment, the implementation of falls prevention strategies, regular toileting and snacks for residents, ensuring adequate lighting in residents' rooms, and ensuring residents are placed at the correct level of care with appropriate staffing levels, and coloured sensor mats.

End of the report.