

Bupa Care Services NZ Limited - Accadia Manor Rest Home

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 Health and Disability Auditing New Zealand Limited, 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: Accadia Manor Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 4 November 2014 End date: 5 November 2014

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 29

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa - Accadia Manor provides rest home care for up to 29 residents with full occupancy on the day audit. The service has an experienced aged care facility manager (registered nurse) and clinical manager (RN). Bupa provides a comprehensive orientation and training/support programme for their staff. The service is sufficiently staffed to provide safe delivery of care. Residents and relatives interviewed spoke positively about the care and support provided.

There is one improvement required around aspects of documentation. Four continued improvement ratings have been awarded around quality and risk management, good practice, activities and infection control surveillance.

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.		All standards applicable to this service fully attained with some standards exceeded.
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Services are provided that comply with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services are readily available to residents and families. Policies

are implemented to support residents' rights. On-going staff training ensures that staff are aware of residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented according to the Code. Complaints and concerns are managed and documented. There is a Maori Health Plan and implemented policy in place to support practice. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Residents and relatives spoke positively about care provided by staff. The service has a waiting list for rest home beds.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The facility is governed by the Bupa Group. Bupa has a business plan in place and the facility operates a quality plan, which includes goals for the current calendar year. The quality and risk management system is overseen and coordinated by Bupa head office staff. Key components of the quality management system are well established within the rest home and understood by staff. An annual resident/relative satisfaction survey is completed and there are regular resident/relative and staff meetings where quality and risk performance is reported. The performance in the facility is benchmarked against other comparable Bupa rest homes. In December 2013 the facility was awarded the Bupa Midlands Region care home of the year award for excellence in performance measured against a broad range of parameters. There are human resources policies in place to guide recruitment of new employees and their selection, orientation and on-going staff training and development. There is an in-service training programme covering relevant aspects of care and support and external training which is well attended by staff. The organisational staffing policy aligns with contractual requirements and includes skill mix. Staffing levels are monitored closely and staff turnover is extremely low with some staff having worked at the rest home for many years. Staff interviewed spoke positively about working at the rest home.

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.		Some standards applicable to this service partially attained and of low risk.
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There is a comprehensive admission package available prior to or on entry to the service. The sample of residents' records reviewed provides evidence that the provider has systems to assess, plan and evaluate care needs of the residents. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whanau input. Care plans are developed and demonstrate service integration and are reviewed at least six monthly. Resident files include notes by the GP and allied health professionals.

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

An activities programme is implemented during the week for the rest home residents. Residents and families report they are very satisfied with the activities programme. The programme includes community visitors and outings, entertainment and activities that meets the recreational preferences and abilities of the consumer groups.

All food and baking is done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. Meals are well presented and a dietitian has reviewed the Bupa menu plans.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

Chemicals are stored securely throughout the facility. The building holds a current warrant of fitness. Resident rooms are single, spacious and personalised. Communal areas are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained.

All bedrooms have ensuites. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. All key staff hold a current first aid certificate. The facility has under floor heating and the temperature is comfortable and constant. Electrical equipment is checked annually. All medical equipment is serviced and calibrated annually. Hot water temperatures are monitored.

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.

The service is restraint free and no residents are currently using enablers. There is a restraint policy in place with associated procedures and forms. The policy contains definitions of restraint and enablers that are congruent with the definitions included in the standards. The clinical manager, who is a registered nurse, oversees restraint usage within the facility. A register for restraints and enablers is maintained and there is evidence of three-monthly evaluation of practice. Review of restraint use across the group

is reviewed at regional restraint approval groups and at the facility restraint meetings. Staff are trained in restraint minimisation and restraint competencies are completed annually.

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.

All standards applicable to this service fully attained with some standards exceeded.

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme has been reviewed annually. The infection control co-ordinator (clinical manager) is responsible for coordinating/providing education and training for staff. The infection control co-ordinator is supported by the Bupa quality team. Infection control training is provided at least annually 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 co-ordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.

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	4	40	0	1	0	0	0
Criteria	4	88	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is clearly visible throughout the facility and is described in a range of documentation. Staff can describe how the Code is implemented in their everyday delivery of care to residents. The service provides families and residents with information on the Code on entry to the service. Staff receive training about the Code at induction and through on going in-service education (last provided on 6 March 2014 and 13 staff attended). Staff also complete competency questionnaires on the Code. An internal audit was last conducted in 30 June 2014, which showed 100% compliance.</p> <p>All care staff interviewed demonstrated an understanding of the key principles of the Code (i.e., the facility manager, the clinical manager, one registered nurse, and four of four caregivers who worked across all shifts).</p> <p>Interviews with six residents and two relatives identified that they believe staff are providing services in compliance with the Code.</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>	<p>FA</p>	<p>The service 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. There are signed general consents including van outings on six of six resident files sampled. Resuscitation treatment plans and advance directives are appropriately signed in the six files reviewed.</p> <p>Discussions with four caregivers (who work across all shifts) confirmed that they are familiar with the requirements to obtain informed consent for personal care and entering rooms. Discussions with the clinical manager and RN identified that staff are familiar with advanced directives and the fact that only the resident (deemed competent) could sign the advance directive.</p> <p>There is an advance directive policy. The Bupa care services resuscitation of resident's policy states 'if resuscitation is clinically indicated, and the resident is competent, he or she may wish to make an advance directive as to resuscitation wishes'. The medical resuscitation treatment plan and resuscitation advance directive will be completed as soon as possible after admission. There is evidence of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. There are copies of enduring power of attorney (EPOA) held in the files resident's records sighted.</p> <p>D13.1: there were six admission agreements sighted and all had been signed.</p> <p>D3.1.d: Discussion with two families identified that the service actively involves them in decisions that affect their relative's 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>	<p>FA</p>	<p>Staff practice is guided by the advocacy policy. Residents are provided with a copy of the Code and advocacy pamphlets on entry. The facility manager, the clinical manager, and the registered nurse are aware of advocacy and support options for residents. Residents and family members interviewed confirm that they are aware of their right to access advocacy support (confirmed in interviews with six of six residents and two of two relatives).</p> <p>Chaplains visit the facility weekly to provide Catholic Communion and</p>

		<p>there is a fellowship service provided. Chaplains meet individually with residents. Management state that these chaplains would act as advocates for residents if there was a need identified by either the resident or the chaplain. In addition there is a resident advocate who visits the facility on a random basis. The advocate also attends residents meetings occasionally.</p> <p>Staff receive education on the Code and the provision of advocacy services (last education session held 6 March 2014, which was attended by 13 staff).</p> <p>D4.1d: The service provides opportunities for the family/EPOA to be involved in decision-making.</p> <p>D4.1e: Six of six resident files reviewed included information on resident's family/whanau and chosen social networks</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.	FA	D3.1.e: Residents are encouraged to maintain their connections with their family and the wider community. Visitors were observed coming and going throughout the duration of the onsite audit and the managers maintain regular contact with families. There is a family/whanau participation and contact policy in place to guide staff. The activities policy encourages links with the community. Activities programmes include opportunities to attend events outside of the facility including activities of daily living, for example, shopping. Residents are assisted to meet responsibilities and obligations as citizens, for example, voting and completion of the Census.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>Staff receive training on complaint management (education last provided 6 March 2014).</p> <p>D6.2: Residents and their families are provided with information on the right to complain on entry to the facility. The number of complaints received each month is reported monthly to the regional manager and Bupa Care Services.</p> <p>The facility has received no formal complaints to date for 2014. There were two complaints made by residents in 2013 of which one was</p>

		<p>determined to be justified and the matter was addressed through human resource management.</p> <p>D13.3h: The complaints procedure is provided to resident/relatives at entry and also prominent around the facility on noticeboards. A complaint management record is completed for each complaint. A record of all complaints per month is maintained by the facility using the complaint register and documentation is maintained for each complaint. Residents and family members interviewed confirm that they are aware of the complaints process.</p>
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	<p>D6.1, D6.2 and D16.1b.iii: The information provided to residents on entry includes a copy of the Code, information on how to make a complaint, and information on the Nationwide Health and Disability Advocacy Service. The service is able to provide this information in different languages and/or in larger print if requested. If necessary, staff will read and explain this information to residents. On entry to the service, the facility manager or the clinical manager will discuss the information pack with the resident and the family/whanau. This includes the Code, complaints and advocacy information. The foyer contains information on the Code and the Nationwide Advocacy service and information is available around the facility. Information on complaints and compliments includes information on advocacy.</p> <p>Interviews with six residents and two relatives identified they are aware of their rights and aware that they can talk to the managers at any time if they have any concerns.</p>
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	<p>Staff show respect for privacy and personal space (observed during the onsite audit). Resident files are held securely in the nurses' offices. All care staff interviewed demonstrated an understanding of privacy (i.e., the facility manager, the clinical manager, one registered nurse, and four of four caregivers who worked across all shifts).</p> <p>Residents and family members interviewed confirm that staff promote resident independence wherever possible. Resident choice is</p>

		<p>encouraged (e.g., what to wear, when to get up for the day, where to eat and meal alternatives) and staff provide residents with choices and treat residents with respect.</p> <p>The April 2014 resident satisfaction survey identified no dissatisfaction regarding privacy and 88% of respondents expressed satisfaction with the amount of choice they were able to make. Care plans reviewed identified specific individual likes and dislikes and food preferences were known to the kitchen staff.</p> <p>Staff practice is guided by the Code of Conduct and a range of policies. Bupa have a neglect and abuse policy which includes definitions and examples of abuse so that staff are clear on Bupa's expectations. Abuse and neglect education was last provided to staff on 20 March 2014 by Age Concern staff (10 staff attended).</p> <p>D3: Resident information provided on admission outlines Bupa's vision and values.</p> <p>D3.1b, d, f, i: The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Person centred care/individuality and independence training is provided to staff annually.</p> <p>D4.1a: Cultural and religious beliefs of residents are considered through the admission and assessment process.</p> <p>D14.4: There are clear instructions provided to residents on entry regarding responsibilities of personal belongings in their admission agreement. Personal belongings are documented and included in resident files.</p>
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	Residents who identify as Maori have their cultural values respected by staff. There were no residents identified as Maori on the day of audit. The facility has contact with the local Marae which involves regular visits between both parties. Residents and staff visit the Marae every two months. Staff receive on-going education on cultural awareness including respect for tikanga (last education session provided 1 November 2013 to 17 staff). All care staff interviewed were aware of tikanga. Cultural needs/requirements are identified on an individual

		<p>basis through the admission and assessment process. A cultural assessment tool is completed for all residents as part of their admission process. Family/whanau involvement is encouraged in assessment and care planning and visiting is encouraged. A family/whanau contact sheet is also used by staff to show contact with family/whanau regarding aspects of their family/whanau member's stay/care.</p> <p>A3.1: Advised how residents who identify themselves as Maori would be provided with services that acknowledge their individual values and beliefs.</p> <p>A3.2: There is a Maori health plan that includes a description of how they will achieve these requirements.</p> <p>D20.1i: The Bupa Maori health policy was first developed in consultation with kaumatua and is utilised throughout Bupa's facilities. The district health board (DHB) tikanga best practice guideline is the foundation document around which the policy has been developed. This policy guides staff on cultural safety. This document is also summarised for staff use as a flip chart and is available to all staff throughout the facility.</p>
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	<p>An initial care planning meeting occurs on admission and in the weeks shortly thereafter where beliefs or values are discussed and incorporated into the resident's plan of care. Six monthly multi-disciplinary team meetings are held to review care and to assess if staff are appropriately meeting the needs of each resident. Family are invited to participate in this process as appropriate. Family assist residents to complete their 'map of life' which provides staff with a broad understanding of the resident. Most residents choose to frame and display these maps and hang them in their rooms to act as a guide to staff.</p> <p>D3.1g: The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment, planning process. Interviews with residents confirmed that cultural values and beliefs were considered and discussed during review of the care plan.</p> <p>D4.1c: All six resident's files reviewed included information on the resident's social, spiritual, cultural and recreational needs.</p>

Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	<p>The Bupa Code of Conduct for staff is included in each employee pack of information given to new employees on commencement of their employment. Job descriptions identify responsibilities for each position. Each staff member is contractually obliged under employment law to respect the Bupa Code of Conduct and this is enforced through ongoing human resource management practices. There is policy to guide staff practice which covers gifts, gratitude's and benefits and delegations of authority. The facility manager, clinical manager and registered nurse are in constant dialogue regarding staff performance and respect for professional boundaries. Bupa management provide guidelines and mentoring for specific situations.</p> <p>All care staff interviewed were aware of professional boundaries (i.e., the facility manager, the clinical manager, one registered nurse, the activities coordinator and four caregivers who worked across all shifts). Staff were aware of the actions they should take in the event that they believe a staff member is not maintaining a professional approach to practice.</p>
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	<p>Accadria Manor has continued to focus on maintaining and advancing good practice standard since the previous certification audit. The management team at Accadria Manor have reduced total falls by residents from 60 falls in the calendar year 2013 to a projected annualised figure of 49 for 2014 (based on data from January to October 2014).</p> <p>The home enjoys an excellent reputation amongst residents (confirmed in interviews and in the recent satisfaction survey result). The rest home maintains an excellent reputation in the community and as such its occupancy levels are high. The occupancy rate from January 2013 to October 2014 varied between 93.7% and 100%. On the day of audit occupancy was 100%. A number of residents have transferred to this rest home from other aged care facilities including Bupa facilities when there has been a vacancy.</p> <p>Bupa provides a quarterly clinical newsletter called Bupa Nurse for all</p>

	<p>staff, which provides a forum to explore clinical issues, ask questions, share experiences and updates with all qualified nurses in the company. The Bupa geriatrician provides newsletters to GPs.</p> <p>Four benchmarking groups are established within Bupa for rest home, hospital, dementia, and psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data are also carried out with facilities in the UK, Spain and Australia (e.g. mortality and pressure incidence rates and staff accident and injury rates and this information is shared with staff at the national conferences).</p> <p>Performance at Accadia Manor is currently benchmarked against other NZ Bupa facilities that provide rest home level care. In December 2013 the facility won the Bupa Midlands Region Care Home of the Year award. The award was decided by Bupa senior management and based on performance against a number of parameters, which included (but were not limited to): service delivery performance, resident satisfaction, occupancy levels, and business performance). A quality improvement programme is implemented that includes performance monitoring. Graphs and data are provided to management and information is displayed for staff on the staff noticeboard in the nurses' station. Corrective actions are completed when trends are evident or areas are identified above the benchmark. Corrective action plans have been established and evaluated for effectiveness.</p> <p>A2.2: Services are provided that adhere to the health & disability services standards. There is an established quality improvement programme that includes performance monitoring.</p> <p>D1.3: All approved service standards are adhered to.</p> <p>Bupa have a human resources learning and development fund policy. The objective of this policy is to ensure the on-going learning and development of all employees. The policy identifies funding available through Bupa for three staff categories a) registered nurses - post-graduate clinical studies, b) leadership and management skill development and c) enrolled nurses and nurse assistants.</p> <p>Quality Improvement alerts are also forwarded from head office to minimise potential risks occurring and the facility is required to complete an action plan (sighted with quality meeting minutes). Education is supported for all staff and all caregivers are required to complete</p>
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		<p>foundations level two as part of orientation. Bupa has introduced leadership development of qualified staff, education from human resources, attendance at external education, a qualified nurse's education day and education sessions at monthly meetings.</p> <p>D17.7c There are implemented competencies for caregivers and registered nurses. Competencies are completed for key nursing skills including (but not limited to); a) moving & handling, b) wound care, c) assessment tools and d) medicines management. The majority of caregivers are medicine competent. Registered nurses have access to external training.</p>
<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>Accident/incidents, complaints procedure and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. A specific policy is in place to guide staff on the process to ensure full and frank open disclosure occurs. The facility manager, the clinical manager and the registered nurse record contact with family/whanau on the family/whanau contact record. Accident/incident forms include reference as to whether family/whanau have been informed (or not) of the accident/incident.</p> <p>A total of six accident/incident forms were reviewed for September 2014. Staff recorded on the accident/incident form if family were contacted and which family member was contacted in five of six forms (the sixth accident occurred during the night shift and was minor, therefore the relative was informed during daylight hours).</p> <p>The latest internal audit was completed on 24 August 2014 which resulted in 98.7% compliance and one corrective action was noted and has subsequently been actioned.</p> <p>D16.4b: Two of two relatives interviewed stated that they are always informed by staff when their family members health status changes.</p> <p>There is a Bupa residents/relatives association that communicates information to relatives. It provides a strategic forum for news, developments and quality initiatives for the Bupa group which is then communicated to the wider consumer population. This group meets three monthly and involves members of the executive team including</p>

		<p>the chief executive officer, the general manager quality and risk and the consultant geriatrician. There is also a Bupa NZ communications manager whose role is to keep people informed and engaged about Bupa NZ's strategy and the role they play, to manage how, when and what Bupa NZ communicates to keep key audiences informed.</p> <p>The interpreter policy states that each facility will attach the contact details of interpreters to the policy. A list of Language Lines and Government Agencies is available. In addition, there are a number of staff who are able to assist with interpreting for care delivery. A policy on contact with media is also available. Accadria Manor has access to interpreter services through Tauranga Hospital.</p> <p>D12.1: Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health "Long-term Residential Care in a Rest Home or Hospital – what you need to know" is provided to residents on entry</p> <p>A13.1; A13.2; A14.1; D16.1b.ii, D 20: Residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.</p> <p>D11.3 The information pack is available in large print and advised that this can be read to residents if preferred.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Accadria Manor is owned and operated by Bupa Care Services NZ (Bupa), which has a head office in Auckland. The rest home provides care for up to 29 residents. On the day of audit there were 29 rest home residents.</p> <p>Bupa has a three year strategic plan in place covering 2012 to 2015 (sighted), which is available on the Intranet. The strategic plan identifies the overall objectives of the business. There is a Bupa business plan and risk management plan in place (sighted). There is an annual quality plan in place for Accadria Manor which includes specific quality goals. The specific quality goals for Accadria Manor for 2014 are as follows; (1) To reduce urinary tract infections (i.e., UTIs). In the period January to October 2014 there have been 16 UTIs noted. The projected annualised rate of UTIs for 2014 is 19. Compared to the 2013 total,</p>

		<p>which was 21 UTIs. This is a minor reduction and may not be significant given the low numbers. Actions have been implemented which are detailed elsewhere in this report (Link ADD THIS); (2) To replace over the bed tables in residents bedrooms, which were considered unstable (refer 1.8.1 above); (3)to improve staff health and wellbeing (All staff were given a free hearing test which staff identified as a quality improvement. Some staff had follow-up care); (4) To provide more outdoor seating (refer 1.8.1 above); (5) To reduce infection due to poor hand washing techniques by residents (This goal is related to the goal of reducing UTIs) Staff noticed that residents were touching the tops of rubbish bins following washing their hands and putting used continence products in the bins and all rubbish bins were replaced); (6) To increase outside lighting outside the library as this was identified during an evening fire evacuation (refer 1.8.1 above).</p> <p>Quarterly quality reports on progress towards meeting the quality goals are completed and forwarded to the Bupa Quality and Risk.</p> <p>The facility manager provides a documented weekly management report to the Bupa operations manager (reports sighted). The operations manager visits the facility on average every couple of months otherwise is in verbal contact each week (operations manager interviewed by telephone). The operations manager completes a report to the general manager monthly. Accadria Manor is part of the Midlands Bupa region, which currently includes 14 facilities. The managers in the region teleconference monthly and regional meetings are held at least three monthly. A national conference forum is held every February and October for all Bupa managers.</p> <p>Bupa has a Clinical Governance group for all sites. The committee meets two monthly. The committee reviews the past and looking forward. Specific issues identified in the Health and Disability Commissioner's reports (learning's from other provider complaints) are also tabled at this forum. Feedback is provided to managers at forums and also to staff through newsletters (sighted). Three senior members of the quality and risk team are also members of the Bupa Market Unit, Australia/New Zealand Clinical Governance committee who meet two monthly. Feedback is provided to each facility (sighted).</p> <p>Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four benchmarking groups are</p>
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		<p>established for rest home, hospital, dementia, psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia (e.g., mortality and pressure incidence rates and staff accident and injury rates. Benchmarking of some key indicators with another NZ provider was commenced in January 2010 (NZ benchmarking information was sighted).</p> <p>Accadria Manor has an experienced facility manager (who is a practising registered nurse). She has been in the role for four years and was previously employed as the unit coordinator (hospital area) at another Bupa facility for five years prior to her appointment. The facility manager is supported by a clinical manager (who is a practising registered nurse) who has been in the role for seven years. She job shares some of her RN duties with another registered nurse. Both RNs work 40 hours a fortnight. There are job descriptions for both positions that include responsibilities and accountabilities (sighted). Bupa provides a comprehensive orientation and training/support programme for their managers. Facility and clinical managers attend annual organisational forums and regional forums six monthly.</p> <p>D17.3di: The facility and clinical managers have both maintained at least eight hours annually of professional development activities related to managing a hospital (confirmed in discussion with the facility manager and the clinical manager and in review of the facility manager and the clinical manager's employment records).</p>
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.	FA	<p>During a temporary absence, the clinical manager covers the facility manager's role with support from the operations manager. The clinical manager takes overall responsibility for clinical care and reports to the facility manager.</p> <p>Bupa has well developed policies and procedures that are implemented at a service level and an organisation plan/processes that are structured to provide appropriate care to residents that require rest home care. All residents have a general practitioner. A number of general practitioners provide services to residents. General practitioners are on call if needed. A contracted physiotherapist visits the facility typically each</p>

		<p>week and more frequently if needed. The physiotherapist reviews all new admissions and any other resident where there is an identified need (e.g., if they have had a fall). Services are provided by a contracted podiatrist who visits monthly or on request. The facility is able to consult with specialist providers in the area as needed who typically are employed by Tauranga hospital.</p> <p>D19.1a: Bupa recognises its safety obligations and has implemented operational management strategies and programmes to minimise unwanted events and to enhance quality. There are a suite of policies, related procedures and forms in place to guide staff practice, enhance quality and to minimise the risk of unwanted events occurring.</p>
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	CI	<p>Accadria Manor uses the Bupa quality and risk management system. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Bupa policies and procedures have been implemented throughout the year. All facilities have a master copy of all policies, procedures and forms and documents are available electronically on the intranet. These documents have been developed in line with current accepted best and/or evidenced-based practice.</p> <p>Key components of the quality management system link to the bi-monthly quality meeting at Accadria Manor. The facility manager reports weekly each Friday to the operations manager (reports sighted) and quality indicator reports are sent to the Bupa quality management coordinator who provides a coordinated process between service level and organisation.</p> <p>There are monthly accident/incident benchmarking reports completed by the clinical manager that break down the data collected across the facility. All data is linked to the quality and risk management system including complaints, infections, restraint management and health and safety. The service also communicates this information to staff and at relevant other meetings so that improvements are facilitated. Weekly and monthly manager reports include key performance data.</p>

		<p>Corrective action plans are implemented when quality improvements are identified and responsibilities are identified. The service has implemented a number of corrective actions following the results of internal audits (sighted). Corrective action forms are also established for other quality initiatives identified by staff throughout the year and where identified through the internal audit programme. Corrective action plans are monitored within the facility by management and the operations manager is advised.</p> <p>D19.3: There is a health and safety and risk management programme in place. Bupa is an accident compensation corporation (ACC) Accredited employer having achieved tertiary status which is in place until 31 March 2015. Health and safety education was last provided to 12 staff on 5 September 2014. There is a hazard identification, assessment and management policy in place to guide practice and a hazard register is in place at the facility (sighted). Bupa also has a health and safety coordinator who monitors staff accidents and incidents nationally. The health and safety systems are included in the internal audit programme (last audit of health and safety was conducted 1 September 2014 which showed 100% compliance).</p> <p>D19.2g Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls (refer 1.8.1 above).</p> <p>Staff are familiar with the quality and risk management system (confirmed in interviews with the facility manager, the clinical manager, one registered nurse, and four of four caregivers who worked across all shifts, the chef, the activities coordinator, and the cleaner).</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>D19.3a & D19.3c: The service collects incident and accident data in accordance with policy. Serious incidents and accidents are termed category one events and these types of events are listed in policy. Completed accident and incident forms are written by the staff member involved and forwarded to the clinical manager who will then investigate the incident and forward to the facility manager who will then record the event in the database. The facility manager reports the incidents monthly to the quality and risk coordinator. The head office quality and</p>

		<p>risk team are informed as soon as possible and definitely within 24 hours of the event if the incident or accident is a Category 1 event.</p> <p>Staff are provided with on-going information about adverse event management and the need for open disclose (last education session was held on 7 April 2014 which was attended by 13 staff).</p> <p>The accident and incident reporting system is included in the internal audit programme (last audit was conducted in 24 September 2014 which showed 98.75% compliance. One corrective action was noted and has subsequently been addressed).</p> <p>D19.3b; The service documents and analyses accidents and incidents, and adverse events and provides feedback to the staff so that corrective actions and quality improvements can be identified and implemented. Individual accident or incident reports are completed for each event with immediate action noted and any follow up action required. The data is linked to the organisation's benchmarking programme and this is used for comparative purposes.</p> <p>Discussions with the facility manager and clinical manager confirm that they have an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	<p>Hard copies of health practitioner annual practising certificates (APCs) are held by the facility manager (APCs were sighted for the facility manager, the clinical manager and the registered nurse, the general practitioners, the pharmacist, a physiotherapist, and a podiatrist).</p> <p>The service has implemented the Bupa orientation programme 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. New staff are buddied for a period of time (e.g., caregivers on average are buddied for two weeks and registered nurses are buddied four weeks).</p> <p>Staff interviewed (i.e., four of four caregivers, and one registered nurse) were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p>

	<p>There are comprehensive human resources policies available in a folder including recruitment, selection, orientation and staff training and development policies. Six staff files were reviewed (which included the facility manager, the clinical manager (who is the infection prevention and control coordinator and the restraint coordinator), two caregivers who work all shifts (which included one newly appointed caregiver and one experienced), the activities coordinator and the chef). All staff files included a contract of employment, a copy of their job description, evidence of police checks for newly appointed staff, evidence of reference checks, evidence of orientation, evidence of qualifications and training attended, and evidence of annual appraisals where applicable.</p> <p>Caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills NZQA unit standards. On completion of this orientation, they have effectively attained their Level 2 NZQA first national certificate. From this they are then able and encouraged to continue with Core Competencies Level 3 NZQA unit standards. Level 2 NZQA qualifications had been completed by 12 of 15 caregivers and the remaining three caregivers include one who is ACE qualified, one who is an enrolled nurse and one who is a registered nurse awaiting NZ registration. Of the 15 caregivers, three have completed the level 3 NZQA core competencies with Careerforce and a further three are in training for Level 3 qualifications.</p> <p>Bupa has a comprehensive annual education schedule in place. All staff are encouraged to attend at least 10 compulsory education sessions per year. Additional education sessions are held including individual education or small group opportunistic tool box training. The monthly programme is available at the beginning of the month. At the time of audit 20 staff had current first aid certificates.</p> <p>Registered nurses attend a training day provided through Bupa once a year that covers clinical aspects of care. Bupa maintains its own Nursing Council of NZ approved PDRP and takes over the responsibility for auditing their qualified nurses. The clinical manager attended the Bupa regional registered nurse training day. The clinical manager has submitted her PDRP which has been accepted. The registered nurse is in the process of completing her PDRP.</p> <p>A competency programme is in place with different requirements according to work type (e.g.: registered nurse, caregiver, cleaner). Core</p>
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		<p>competencies are completed annually and a record of completion is maintained (sighted). Staff interviewed were aware of the requirement to complete competency training.</p> <p>There is a comprehensive in-service education programme is in place which includes on-going competency assurance.</p> <p>D17.7d: RN competencies include but are not limited to; assessment tools, BSLs/Insulin administration, medicines management including controlled drug administration, wound management, moving & handling, nebuliser use, oxygen administration, restraint management, and wound management.</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>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes policy on skill mix. Bupa uses the WAS (Wage Analysis Schedule), which is based on the safe indicators for aged care and dementia care to determine the staffing requirements for each facility. The WAS is then used as a guide to determine the roster at facility level taking into account resident acuity and needs. A report is provided fortnightly from head office that includes hours and whether hours are consistent with the WAS indicators. The facility manager and the clinical manager are both registered nurses with current practising certificates.</p> <p>The facility manager works weekdays from Monday to Friday and the clinical manager job shares the RN aspects of her role with another RN. They work on average 40 hours a fortnight. The on call responsibility is shared between all three RNs. Typically there are three caregivers plus the clinical manager and the facility manager on duty in the morning at the peak times. There are two caregivers on the afternoon and night shifts. The facility has casual staff that can be called to cover staff illness but other caregivers will work extra shifts as required. The majority of caregivers work part-time.</p> <p>Interviews with six residents and two relatives confirm they believe staffing levels are appropriate 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>	<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. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a locked cabinets or secure storage for unused files. All resident records contain the name of resident and the person completing the entry. Individual resident files demonstrate service integration. There is an allied health section that contains general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident. The records management system is included in the internal audit programme (last audit was conducted 14 September 2014 which showed 91.9% compliance with one corrective action being identified and resolved).</p> <p>D7.1 Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation.</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>	<p>FA</p>	<p>The service has a well-developed assessment process and resident's needs are assessed prior to entry. Six rest home residents and two relatives interviewed stated they were well informed upon admission. The service has a well-developed enquiry information pack available for potential residents and an admission pack /families/whānau at entry. The information pack includes all relevant aspects of service and residents and or family/whānau are provided with associated information such as the H&D Code of Rights, how to access advocacy and the health practitioners code.</p> <p>The clinical manager (registered nurse) screens all admissions to ensure a needs assessment has been completed and the service can provide the level of care and a bed is available. The service has a waiting list. There is good liaison and communication with the needs assessors. The service requires written or verbal confirmation of level of care and accepts admissions Monday to Friday. The service provides respite services at rest home level.</p>

		<p>D13.3 The admission agreement reviewed aligns with a) -k) of the ARC contract.</p> <p>D14.1 Exclusions from the service are included in the admission agreement.</p> <p>D14.2 The information provided at entry includes 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>There is a policy that describes guidelines for death, discharge, transfer, documentation and follow up. There is a transfer plan policy. A record is kept and a copy of which is kept on the resident's file. All relevant information is documented on the Bupa transfer form and accompanied with a copy of the resident admission form, most recent GP consultation notes and medication information. Resident transfer information is communicated to the receiving health provider or service. The service is required to complete the DHB yellow envelope checklist and transfer form for admissions to hospital. There is documented evidence of family notification of appointments and transfers. Two relatives confirmed on interviewed they are notified and kept informed of the residents condition. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made.</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>	FA	<p>Medications are managed appropriately in line with accepted guidelines. There is one locked medication room in the facility that holds the main supplies, 'as required' medications, controlled drug cabinet and robotic compatible medication trolley. The RNs and senior caregivers are assessed as medication competent following medication education, competency assessment and practical observation of medication rounds. There is an annual medication competency completed. Medication education was last provided in April 2014. The local hospice nurses and specialists provide support for palliative care management.</p> <p>The service uses robotic roll system for regular and 'as required' (PRN) medications. The supplying pharmacy deliver and pick up all returns. Medications are checked against the medication chart on delivery and</p>

		<p>signed off by the RN on the checking form. Any discrepancies are fed back to the supplying pharmacy. PRN medications and expiry dates are checked monthly as ordered as required. Standing orders are not used. All PRN medication are prescribed and labelled for individual use. There are no controlled drugs in use. There are no self-medicating residents. The medication fridges are monitored at least weekly with temperatures within the acceptable range. All eye drops and ointments in use are dated on opening. There are no insulin dependent diabetics. Oxygen is available. Clinical equipment has been checked and calibrated September 2014.</p> <p>Twelve resident medication signing sheets are sampled. Signing sheets correspond to instructions on the medication chart. PRN medications are signed, dated and timed. The medication chart has alert stickers for; a) controlled drugs, b) crushed, d) allergies e) short course medications f) warfarin. Blood sugar level recordings are kept with the medication charts.</p> <p>Twelve medication charts are sampled. The medication charts are hand written by the GPs. The medication charts are legible and reviewed three monthly by the G.P. There are photos and allergy status documented on all 12 medication charts sampled. The facility health check in August 2014 identified not all PRN medications had indications for use on the medication chart. The clinical manager (interviewed) has been liaising with the 14 GPs to implement the corrective action around PRN medications.</p> <p>16.5.e.i.2; Twelve medication charts reviewed identified that the GP had seen the resident three monthly and the medication chart was signed.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	<p>There is a cleaning schedule – kitchen (056) and a national menus policy (315) which states 'summer and winter menus are of a six weekly cycle and are to be used on a weekly rotational basis and the menus are available on the intranet'. There is a monthly on-line forum for all Bupa facilities cooks. The national menus have been audited and approved by the organisational dietitian. A hospitality worker provides support in the kitchen 12.30 – 1.30pm each day. All baking and meals are cooked on-site. The chef receives dietary information for new</p>

		<p>residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed on the kitchen noticeboard. Alternative meals are offered for dislikes. Special diets are accommodated. The chef serves meals from the bain marie in dining room and is knowledgeable in each residents likes/dislikes, meal sizes etc. End cooked food temperatures are recorded on each meal daily. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. The kitchen is well equipped to cater for the number of meals produced. Chemicals are stored safely in a locked chemical cupboard within the kitchen. Cleaning schedules are maintained. Food service audits completed include; Food service (May 2014) and food storage (July 2014). A quality control check is carried out on dishwasher monthly by the chemical supplier.</p> <p>There is a kitchen manual that includes (but is not limited to hand washing, delivery of goods, storage, food handling, preparation, cooking, dishwashing, waste disposal and safety. Residents have the opportunity to provide verbal feedback during meal times and at resident meetings. Resident surveys are completed with feedback on the meal service. Six residents interviewed are very complimentary on the quality and variety of the meals provided.</p> <p>D19.2; Kitchen staff have completed food safety and hygiene NZQA 167.</p>
Standard 1.3.2: Declining Referral/Entry To Services 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.	FA	<p>There is an admission information policy. The service would record the reason (no bed availability or unable to meet the acuity/level of care) for declining service entry if this occurred. The clinical manager (interviewed) states the service has not declined entry to any residents. Potential residents would be referred back to the referring agency if entry is declined. There is regular follow-up with potential clients on the waiting list.</p>
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are	FA	<p>Accadria uses the Bupa assessment booklets and person centred templates for all residents. The assessment booklet provides in-depth</p>

<p>gathered and recorded in a timely manner.</p>		<p>assessment tools including; falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), dependency and activities. A nutritional requirements is completed on admission. Additional risk assessment tools include behaviour, cultural and wound assessments as applicable. The outcomes of risk assessments on initial assessment and six monthly reviews are reflected in the six care plans sampled.</p> <p>The following personal needs information is gathered during admission (but not limited to): personal and identification and next of kin, ethnicity and religion, current and previous health and/or disability conditions, medication and allergies, activities of daily living, equipment needs, family/whānau support, activities preferences, food and nutrition information. Needs outcomes and goals of consumers are identified.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Service delivery plans are comprehensive and demonstrate service integration and demonstrate input from allied health. Six residents and two relatives interviewed confirm care delivery and support by staff is consistent with their expectations. Residents and families interviewed stated that they and their family are involved in the care planning and care plan evaluation process. There is documented evidence on the care plan, in the family contact form and the multidisciplinary review (MDR) meeting minutes of family involvement in care plan process.</p> <p>There is a specific needs for dementia care included in the file of one resident with challenging behaviour. Long term residents' care plans reviewed on the day of the audit provide evidence of individualised support. Resident files include integration of allied health professionals involved in the care of the residents such as; GP, physiotherapist, podiatrist, pharmacist, community liaison nurse for mental health services and psychogeriatrician.</p> <p>D16.3k, Short term care plans are in use for short term needs and changes in health status. Short term care plans sighted in resident files include reduced mobility, urinary tract infection (UTI) and pressure area.</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>	PA Low	<p>The registered nurses complete residents' care plans. A care summary is readily available for caregivers. Care delivery is recorded and evaluated by caregivers and RNs at least twice weekly or for any other significant events (evidenced in all six residents' progress notes sighted). When a resident's condition alters, the registered nurse initiates a review and if required a GP or nurse specialist consultation. There is documented evidence written on the family contact record of family notification when a resident health status changes including infections, incidents/accidents, GP visits, medication changes, care plan reviews and appointments. Two relatives interviewed confirm they are notified with any RN resident concerns and any significant events. They state the staff are very approachable if they wish to discuss their relative's health at any time.</p> <p>Dressing supplies are available and sighted in the treatment rooms. The clinical manager, RN and four care staff interviewed report that there are always adequate continence supplies and dressing supplies. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Continence management in-service was provided in September 2014. Wound management in-service was provided June 2014 and pressure injury prevention in September 2014. The clinical manager (interviewed) states the nursing specialists (district nursing service or district health board (DHB) wound nurse) for wound and continence management are supportive and readily available for advice and education. There is one chronic ankle ulcer present on admission August 2014. There is a wound assessment and on-going evaluations at least twice weekly. The chronic wound is linked to the long term care plan. There is one pressure area (grade 2) noted one day ago and reported to the RN. There is an accident incident form completed and short term care plan in place. Pressure area interventions are documented on the short term care plan.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer,</p>	CI	<p>The activities co-ordinator has been in the role eight years and implements the Monday to Friday programme. The hours are flexible to accommodate resident outings in the weekends such as attending</p>

<p>activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>concerts or events that take place later in the day such as happy hour and the Melbourne Cup event on the day of audit. The activity co-ordinator attends all on-site in service and attends the three monthly Bupa regional diversional therapy meetings. There is a company occupational therapist that oversees the overall programme. There is a carer that will relieve for activities as required. Resources are readily available. The rest home programme includes activities that meet the needs and preferences of the consumer groups. Bupa has set activities on the programme that is delivered with the flexibility to add site specific activities, entertainers and outings. Programmes are displayed and each resident receives a colourful large print programme. Variations to the programme are made known to the residents. Special occasions and birthdays are celebrated.</p> <p>There are regular outings for all the residents using a shared van. The activity co-ordinator has a current cardio-pulmonary resuscitation certificate. Outings include shopping trips, visits to cafes, inter-home visits for competitions, bowls etc., concerts, church events and other community functions. A van outing register is maintained. Community visitors to the facility include guest speakers at happy hour, friendly dog visits, choir groups, and SPCA, fellowship and church visitors. Interdenominational church services are held monthly. There is Catholic communion monthly.</p> <p>The family/resident completes a Map of Life on admission which includes previous hobbies, community links, family, and interests. The individual activity plan in all resident files sampled identify activities and community links that reflect the resident's normal patterns of life. The activity plan (incorporated into the My Day , my way long term care plan is reviewed at the same time as the care plan six monthly at the multidisciplinary review. Individual activities participation records are maintained.</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 are reviewed and evaluated by the registered nurse at least six monthly in four of six files sampled. Two residents have not been at the service six months. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities coordinator and any other</p>

		<p>relevant person involved in the care of the resident such as the physiotherapist. Family members are invited to attend the MDT review. The MDR checklist identifies the family member who has attended the MDR review.</p> <p>There is at least three monthly reviews by the medical practitioner.</p> <p>There are short-term care plans available to focus on acute and short-term issues. These are evaluated at regular evaluations.</p> <p>D16.4a Care plans are evaluated six monthly more frequently when clinically indicated (link 1.3.6.1).</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to needs assessor, dietitian, physiotherapy, pharmacist, mental health services and psychogeriatrician.</p> <p>D16.4c: The service provided an example of where a resident's condition has changed and a referral for reassessment has been made. The resident is currently awaiting re-assessment.</p> <p>D 20.1: Discussions with the clinical manager identified that the service has access to GPs, ambulance/ emergency services, allied health, dietitians, physiotherapy, continence and wound specialists and social workers.</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>There is a chemical/substance safety policy. There are policies on the following:- waste disposal policy - medical, sharps and food waste and guidelines as well as the removal of waste bins and waste identification. Specific waste disposal – infectious, controlled, food, broken glass or crockery, tins, cartons, paper and plastics. Procedure for disposal of the approved sharps containers. Management of waste and hazardous substances is covered during orientation of new staff. Thirteen staff attended chemical safety education January 2014. Chemicals are stored securely throughout the facility. Safety data sheets and product</p>

		wall charts are available. Chemicals are labelled with manufacturer labels. Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff are observed wearing appropriate personal protective clothing when carrying out their duties.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>The building holds a current warrant of fitness which expires on 14 December 2014. The facility is a two level building with auto entrance doors and a lift between the floors. Reactive and preventative maintenance occurs. There is a maintenance person two days a week who carries out maintenance as per the 52 week planner and maintains the grounds and gardens. Contractors for essential services are available 24/7. Medical equipment including a hoist and chair scales have been serviced and calibrated September 2014. The hot water temperatures of resident rooms (randomly selected) are monitored monthly and maintained between 44-45 degrees celcius. Electrical testing and tagging is completed annually in September each year.</p> <p>The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen areas. The corridors are wide with handrails and promote safe mobility with the use of mobility aids. Residents are observed moving freely around the areas with mobility aids where required. The external areas and gardens are well maintained. There is outdoor furniture and seating and shaded areas. There is wheelchair access to all areas. There is a designated resident smoking area.</p> <p>ARC D15.3. The four caregivers interviewed (who work cross all shifts) and two RNs stated that they have all the equipment referred to in care plans necessary to provide care, including mobility aids, shower trolleys, commodes, hoist, chair scales, wheelchairs, continence supplies, dressing and medical supplies.</p>
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to	FA	All bedrooms have ensuites with easy clean flooring and fixtures and handrails appropriately placed. There are communal toilets located near the living areas.

personal hygiene requirements or receiving assistance with personal hygiene requirements.		Six residents interviewed report their privacy is maintained at all times.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All bedrooms are single. The bedrooms are spacious enough for residents to move freely about the room with the use of mobility equipment. Residents are encouraged to personalised their bedrooms as sighted.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is an open plan dining area with a kitchenette. There is a communal activity lounge and larger village lounge that can be used for entertainers and larger group events. All communal rooms are accessible and accommodate the equipment required for the residents. Residents are able to move freely and furniture is well arranged to facilitate this. A new hairdresser's room has been completed. D15.3d: Seating and space is arranged to allow both individual and group activities to occur.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are policies including - cleaning department - use of equipment policy and a cleaning schedules in place. There is also a cleaning schedule/methods policy for cleaners. All laundry and personal clothing is laundered on-site. There are adequate linen supplies sighted in the facility linen store cupboards. The laundry is located away from resident areas and night staff carry out laundry duties. There is a defined clean/dirty area within the laundry. Safety data sheets for chemicals used are readily available. Staff have attended training in chemical safety. Personal protective equipment is ready available in the sluice room. There is a dedicated cleaner on duty seven days a week from 8am to 1.30pm. The cleaning trolley sighted is well equipped. Trolleys are locked away at the end of each day. Staff are observed to be wearing appropriate protective wear when carrying out their duties. Six residents and two relatives interviewed are happy with the laundry and cleaning services provided. Internal laundry and cleaning audits have been completed as per schedule.

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Appropriate training, information, and equipment for responding to emergencies is provided. Staff training in fire safety (which includes a fire evacuation at the same time) was last provided on 21 August 2014 (attended by six staff). A fire response video was shown to 15 staff on 27 March 2014.</p> <p>There is a comprehensive civil defence manual and emergency procedures manual in place. The civil defence kit is readily accessible in a storage cupboard (sighted). There is an additional store cupboard of additional supplies and equipment necessary to manage a civil defence emergency stored outside in a shed (sighted). The fire register is stored in the nurses' station (sighted), which includes an up-to-date register of residents' details. There is an approved evacuation scheme dated 19 September 2002 issued by the NZ Fire Service (sighted).</p> <p>The rest home is well prepared for civil emergencies (confirmed in discussions with the facility manager and the maintenance person). The facility has emergency lighting for about four hours and a number of heavy duty torches have been located in strategic places on the walls throughout the corridors for use by staff in an emergency. The kitchen is powered by gas and electricity and there is one BBQ on site. A store of emergency water is kept in a large external tank. Emergency food supplies sufficient for three days are stored in the kitchen. Extra blankets are also available. The facility has civil defence kits. The hoist has a battery pack for use in an emergency. Oxygen cylinders are available to enable residents to switch from concentrators to cylinders in the event of a power failure. There is a list of names and contact details of staff so that staff can easily be contacted in an emergency. At least three days stock of other products such as incontinence products and personal protective equipment are kept on site.</p> <p>Medicines are supplied two weekly by the pharmacist and at any one point in time there is at least four days of medicines in stock onsite.</p> <p>The call bell system is available in all areas. The call bell system is electronic with display boards to indicate where and when the call bell has been rung. During the tour of the facility, residents were observed to have easy access to the call bells in their bedrooms.</p> <p>Staff ensure that the building is secure overnight. The receptionist and</p>
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		<p>facility manager monitor visitor entry during the day.</p> <p>D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</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>The facility has under floor heating throughout the personal and communal areas. All communal rooms and bedrooms are well ventilated and light. Six residents and two relatives interviewed, stated the temperature of the facility is comfortable. There is plenty of natural light in resident's rooms.</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, is appropriate for the size, complexity, and degree of risk associated with the service.</p> <p>The scope of the infection control programme policy and infection control programme description are available. There is a job description for the infection control coordinator (clinical manager) with clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system. The quality committee and the regional infection control group/governing body is responsible for the development of the infection control programme and its annual review last completed September 2014. There is a facility combined infection control / health and safety and quality meetings held two monthly. The meetings include a discussion and reporting of infection control matters, trends and quality improvements. Information from these meetings is communicated to staff and the September 2014 meeting minutes and data collection graphs are seen displayed on the staff office notice board.</p> <p>The facility has adequate signage and hand sanitizers are appropriately placed at the entrance and throughout the facility. Visitors are asked not to enter if they have contracted or been in contact with infectious diseases. There is a staff health policy. There have been no outbreaks since the previous audit.</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>The infection control committee forms part of the health and safety and quality meeting structure. The facility also has access to an infection control nurse at the district health board (DHB), public health, GPs, laboratory, external infection control specialist and expertise within the organisation. There are three monthly infection control teleconferences with other Bupa infection control co-ordinators.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The policies and procedures have been reviewed September 2014. Staff are required to read and sign all new and reviewed policies. There are infection control "flip charts" for infection events (diarrhoea and vomiting, multi-resistant organisms etc.) displayed in staff areas.</p> <p>D19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. All staff receive infection control education as part of the orientation programme. Staff are required to read policies and complete the infection control hand hygiene competency. The IC coordinator (clinical manager) has attended an annual study day with Bupa. Staff attended infection prevention and control education annually in November 2013 and scheduled for November 2014. Resident education is expected to occur as part of providing daily cares.</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>	CI	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (clinical manager/RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>Individual infection report forms and short term care plans are</p>

		<p>completed for all resident infections. This is kept as part of the resident files. Infections are included on a monthly register and a monthly report is completed by the infection control co-ordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality, and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. The results are subsequently included in the Manager's report on quality indicators.</p> <p>Internal infection control audits (four monthly environmental hygiene in all areas and six monthly standard precautions), also assist the service in evaluating infection control needs. There is close liaison with the GP's that advise and provide feedback /information to the service. Systems in place are appropriate to the size and complexity of the facility. Benchmarking occurs against other Bupa facilities.</p>
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>There is a documented definition of restraint and enablers in policies which are congruent with the definition in NZS 8134.0. The policies cover the use of enablers and restraints. The process of assessment and evaluation of enabler use is the same as a restraint and included in the policy. Currently the service has no residents using enablers or restraints. Staff complete training annually around the use of enablers, restraints and managing residents who may exhibit challenging behaviours (last provided 5 June with 15 attendees).</p> <p>Staff interviewed including four of four caregivers and the clinical manager are familiar with enablers.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	Monitoring forms available for use include; fluid balance, continence diary, monthly blood pressure and weight monitoring, nutritional food and fluid monitoring record, two hourly turning chart, Iowa pain monitoring too, neurological observations and behaviour chart. Five of six care plans reviewed reflected current needs. There is an improvement required around the use of assessment and monitoring tools to reflect the resident's health status.	One resident returned from hospital following a fall with a diagnosis of postural hypotension. There is no evidence of blood pressure monitoring on return to the facility, post medication review. The short term care plan does not identify the residents falls risk. The resident is on regular and 'as required' pain relief. There is no documentation/monitoring of the effectiveness of pain relief for breakthrough pain as recorded in the progress notes.	Ensure risk assessments are reviewed with changes to health status. Ensure monitoring tools reflect the resident's current clinical status. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	<p>Interviews with the facility manager, the clinical manager, the regional manager, the activities coordinator, and the contracted physiotherapist and observations onsite confirm that there have been a number of related quality improvements implemented since the previous certification audit four years ago.</p> <p>These include but are not limited to the following changes: the installation of additional lighting in hallways; ensuring every resident has a bedside light within easy reach from their bed; installing additional external lighting following a recent night time fire drill evacuation, de-cluttering bedrooms and removing trip hazards; replacing old worn carpets in residents rooms; liaising with the</p>	The service is using evidenced-based practice to improve falls management. The management team at Accadia Manor have reduced total falls by residents from 60 falls in the calendar year 2013 to a projected annualised figure of 49 for 2014 (based on data from January to October 2014). It is believed that a combination of factors are contributing to the overall reduction in falls. The rest home has maintained and improved its high standards of care over the past four years, as demonstrated by high resident and community satisfaction rates, and the reduction in falls. Senior staffing has been stable over the last four years. Improvements to service provision and resident safety have occurred and the evidence demonstrates there has been continuous improvement in falls management

		<p>hearing association to provide residents with on-going care of their hearing aids and discounts on hearing aid related products to maximise their hearing which contributes to good balance; extending an external pathway to provide more room for residents to sit outside thereby encouraging them to mobilise more often; purchasing more suitable commode and shower chairs; purchasing replacement bedside tables on wheels to ensure personal items are easily in reach; purchasing a set of digital chair scales in order to weigh residents more safely and accurately; installing two balance bars in both bedroom corridor wings with pictorial exercise charts displayed above these bars so that residents can hold onto the balance bars, read the charts and practice strengthening and balance exercises at any time they wish; displaying the A3 sized Falls Hurt poster published by the Health Quality and Safety Commission as part of the national patient safety campaign on the wall in the corridor so that it can be read by residents, relatives and staff informing them on best practice for falls prevention (this poster was bought back by the clinical manager who attended a recent DHB education session where patient falls was discussed); and displaying 'falls hurt' warning signs throughout the common areas of the home to remind everyone to take care when walking about the home.</p> <p>The clinical manager introduced the Otago Falls Management programme into the home eight years ago and then discussed the programme at a national meeting of Bupa clinical managers which resulted in a nationwide rollout. She is a longstanding</p>	
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		<p>champion of falls management within the rest home. Universal fall precautions are in use, which include familiarising residents to the environment, ensuring they can access their call bells easily, keeping their possessions within easy reach, ensuring bed and chair heights are appropriate, encouraging residents to use appropriate mobility aids, ensuring only residents wear non-slip footwear, using nightlights and supplementary lighting, keeping floors clean and dry and clearing up spills promptly, removing trip hazards from the environment, keeping resident areas uncluttered, and following safe resident handling practices. The home has raised toilet seats for available for residents and uses chair raisers.</p> <p>The activities coordinator is very aware of the importance of exercise for residents and includes strengthening and balance exercises in his activities programme (confirmed during interview). He deduced early in his practice that the term exercise typically received a negative response from residents and therefore he refers to exercise as being 'movement to music'. He knows that this terminology generates a positive reaction and results in higher attendance rates by residents. The rest home aims to engage a person to hold Tai Chi classes' onsite, as there is evidence-based research which shows that Tai Chi is effective in the prevention of falls. To date recruitment attempts have been unsuccessful, as local Tai Chi practitioners prefer that residents attend Tai Chi classes in the community.</p> <p>The facility contracts a physiotherapist (interviewed by telephone) who reported that</p>	
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		<p>the management team are proactive in referring residents for assessment and that she works closely with the activities coordinator to ensure that specific exercises are implemented for residents who are at higher falls risks or who have mobility related issues.</p> <p>Evidence was sighted in clinical records of a resident who was admitted four weeks ago from the DHB following a fractured leg and shoulder injury that was referred and seen by the physiotherapist within 24 hours of her admission. The physiotherapist reassessed the resident and implemented a plan which included the use of hip protector pants, plus maintaining her shoulder range of motion exercises and her strengthening and balance exercises, as prescribed by the physiotherapy team at the hospital. The admission documentation from the hospital included pictorial management plan evidencing good entry/exit (transfer) practices. The physiotherapist has since reviewed this resident within the last week, which was three weeks since her initial review. The resident was interviewed and her environment sighted. She has a large reminder notice displayed on the wall in her room to assist in reminding her to always use her walker for balance, as staff are aware she can be forgetful. There was a sensor mat in her room so that staff know when she gets out of bed. She has a light by her bed and a call bell within reach to summon staff and a remote for her TV so she can operate it in bed and a mobile bedside table. She has a clutter free environment and her walking frame is placed within easy reach. Each resident has their own ensuite and all</p>	
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		<p>ensuites can accommodate wheelchairs. Each ensuite has grab rails by the toilet and shower area, and appropriate non-slip flooring, which is well maintained. Bedrooms and common areas are carpeted.</p> <p>The Bupa benchmarking information for 2013 shows that the rest home was ranked 9th lowest of 42 Bupa rest homes for falls, scoring a falls average of 5.6 of 7.3. Year to date the rest home continues to rank 9th lowest out of 44 Bupa rest homes with a falls average of 4.7 of 6.7, indicating consistency. Benchmarking information across all Bupa rest homes shows that collectively Bupa have reduced the number of resident falls. It is believed that a combination of factors are contributing to the overall reduction in falls. The rest home has maintained and improved its high standards of care over the past four years, as demonstrated by high resident and community satisfaction rates, and the reduction in falls. Senior staffing has been stable over the last four years. Improvements to service provision and resident safety have occurred and the evidence demonstrates there has been continuous improvement in falls management.</p>	
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>Key components of the quality management system link to the monthly quality meeting at Accadria Manor. The facility manager reports weekly to the operations manager (reports sighted) and quality indicator reports are sent to the Bupa quality management coordinator who provides a coordinated process between service level and organisation. There are monthly accident/incident benchmarking</p>	<p>There is also a number of on-going quality improvements identified through meeting minutes and as a result of analysis of quality data collected. Accadria Manor is proactive in developing and implementing quality initiatives throughout the year. All meetings include feedback on quality data where opportunities for improvement are identified. There are a number of improvements identified since the previous certification that have been achieved</p>

		<p>reports completed by the manager that break down the data collected across the facility. All data are linked to the quality and risk management system including complaints, infections, restraint management and health and safety. The service also communicates this information to staff and at relevant other meetings so that improvements are facilitated. Weekly and monthly manager reports include key performance data.</p>	<p>through quality improvement projects, quality goals and from analysis of quality data/internal audit results and continual roll-out of the personal best programme. A review of meetings and discussion with the management team. There continues to be a comprehensive analysis of clinical indicators, and other areas such as education/competencies. Quality indicator corrective action plans have been established for indicators above the benchmark (e.g., UTIs – link 1.3.5.7). Clinical improvements include being part of the DHB Vitamin D programme. More sensor mats and landing strips have been purchased so staff are alerted to residents who are at risk of falling as soon as they get out of bed. There has been a significant reduction in resident falls since last year.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The activities co-ordinator has been in the role eight years and implements the Monday to Friday programme. The hours are flexible to accommodate resident outings in the weekends such as attending concerts or events that take place later in the day such as happy hour and the Melbourne Cup event on the day of audit.</p>	<p>The activities co-ordinator has been in the role for eight years. He has a passion for continually providing a stimulating and varied programme to enhance the social interaction and quality of life for each individual resident. The residents on interview (six) speak highly of the activity co-ordinator. Residents and staff nominated the activity co-ordinator for the Bupa Legend award. There are many nominations received with few receiving the Legend award. The residents and staff planned a surprise morning tea for the award presentation. The residents are observed throughout the day are participating and enjoying the activities. Exercises in the programme have been re-named “movement to music”. The “movement to music” programme has been developed in consultation with the physiotherapist to include strengthening movements to improve balance and reduce falls. The residents have a community advocate who is a family member of a resident now deceased. The advocate attends</p>

			resident meetings and is available to the residents as required. The resident survey in April 2014 resulted in 99% resident satisfaction in the activity programme.
Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	CI	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (clinical manager/RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Benchmarking occurs with other Bupa rest home facilities.	In June 2014 the facility benchmarking rate for urinary tract infections (UTI) was above the key performance indicator (KPI) for the company. Bupa Accadia rate was 4.8 compared with the average rate of 1.8. The infection control co-ordinator identified three residents with recurrent UTIs. A quality indicator corrective action plan was developed that included education for all residents regarding good peri hygiene. All residents are independent with toileting. Residents are continually being educated in the importance of hand washing and the correct use and removal of continence products. In July and August 2014 the KPI rate was 3.4. The GP was consulted and there was liaison with a genito-urinary specialist who recommended the three residents be commenced on ovestin hormone treatment and mannose powder. The resident were also commenced on daily ural sachets. The treatment was evaluated in one month with effect. The UTI rate dropped to 1 for September and October.

End of the report.