

Bupa Care Services NZ Limited - Hayman Rest Home & Hospital

Introduction

This report records the results of a Partial Provisional Audit; Surveillance 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:	Hayman Rest Home & Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 25 May 2015 End date: 26 May 2015
Proposed changes to current services (if any):	Convert the 15 bed rest home unit to a men's dementia unit and convert the existing men's dementia unit to a 15 bed psychogeriatric unit.
Total beds occupied across all premises included in the audit on the first day of the audit:	79



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 Hayman currently provides hospital - medical/geriatric, rest home, dementia care and residential disability (intellectual/physical for up to 110 residents). There were 79 residents residing across the facility on the day of audit.

This unannounced surveillance audit and partial provisional audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

A partial provisional audit was also undertaken to review the suitability of converting the current 15 bed rest home unit to a men's dementia unit and assessing the current men's dementia unit as suitable for providing psychogeriatric level care.

The service has addressed eight of eleven shortfalls from two previous audits (certification and partial provisional) around the complaints process, completion of accident and incident forms, dating and signing of documentation, aspects of clinical documentation, medication management, monitoring fridge temperatures, security, the availability of communal space in the dementia unit, the induction programme for registered nurses, and care delivery plans.

This audit identified that improvements are required in relation to staff performance appraisals, evidence of care staff completing their dementia qualification, and care interventions for residents. Improvements required in relation to the partial provisional included completing the secure outdoor area for the proposed men's dementia unit, completion of the outdoor area for the proposed psychogeriatric unit and review of overall space.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. All lodged complaints are documented in the complaints register. This is an improvement from the previous certification audit.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. Corrective actions have been implemented where opportunities for improvements are identified. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. Registered nursing staff have submitted documentation to evidence completion of their orientation programme, which is an improvement from the previous audit. On-going

education and training is in place for staff. The care home manager reports that all caregiving staff working in the dementia units have completed their national qualification although this was not able to be evidenced in the staff files and is a required improvement. Performance appraisals for staff are overdue and is also a required improvement.

Registered nursing cover is provided 24 hours a day, seven days a week. Interviews with the residents and relatives confirmed staffing overall was satisfactory. A suitable draft roster for the new psychogeriatric wing has been developed.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for each stage of service provision. The assessments, care plans and evaluations are completed within the required timeframes. Residents and families interviewed confirm they participate in the care planning process. Previous findings around care plan documentation and recording events in progress notes have been addressed. The general practitioner reviews residents at least three monthly.

The activity programme is varied and appropriate to the level of abilities of the residents at rest home, hospital and dementia level of care. Community links are maintained. Entertainment and outings are provided. Spiritual and cultural needs are met.

Medications are managed, stored, and administered in line with medication requirements. Medication training and competencies are completed by all staff responsible for administering medicines. Medication charts evidence three monthly reviews.

Food is prepared on site with individual food preferences and dietary requirements assessed by the registered nurses. Alternative choices are offered for dislikes. There are nutritious snacks available 24 hours.

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.		Some standards applicable to this service partially attained and of low risk.
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Policies and procedures are in place for the management of waste and hazardous substances. Adequate supplies of personal protective equipment are available.

A current building warrant of fitness is posted in a visible location. One maintenance staff is employed full-time. Reactive and preventative maintenance occurs. The existing dementia area is secure with key pad access.

The new outdoor area proposed for the psychogeriatric unit is under construction. The outdoor area adjacent to the proposed men's dementia unit is not secure and is a required improvement. Other areas that required landscaping have been completed.

Toilet and shower areas are adequate in size and number. Bedroom space is limited for the proposed PG unit with two of the 15 rooms reserved for residents who do not have mobility issues. Bedrooms in the proposed men's dementia unit have adequate space available for rest home level of care. A required improvement is to refurbish all bedrooms for both units prior to occupancy.

The communal spaces for the proposed PG unit meet contractual requirements. The communal areas for the proposed men's dementia unit have limited available space and require further investigation. This is a required improvement.

Cleaning and laundry services are done off site. There are adequate areas available for the safe storage of chemicals.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Enablers are voluntary and the least restrictive option. There were no residents who required enablers or restraints during the audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. It was last reviewed in September 2014. There is a job description for the infection control coordinator and clearly defined guidelines. There is an established and implemented infection control programme.

The infection control co-ordinator uses the information obtained through surveillance to determine infection prevention and control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	22	0	4	1	0	0
Criteria	0	56	0	4	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager using a complaints' register. This is an improvement from the previous audit. Documentation including follow up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner. Follow-up documentation to the complainant includes information relating to the Health and Disability Advocacy Service.</p> <p>Discussions with nine residents (five rest home level and four hospital level) and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and suggestion boxes are placed in visible locations.</p> <p>Three complaints received in 2015 that were reviewed reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken. All three complaints were signed off by the care home manager as resolved.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whanau is recorded on the family/whanau communication record, which is held in the front of each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms that were reviewed across the rest home/hospital and dementia unit identified family are kept informed. Four relatives interviewed (two with relatives in the hospital and two with relatives in the dementia unit) stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>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 residents and family are informed prior to entry of the scope of services of any items they have to pay for that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Hayman Care Home (Hayman) currently provides hospital - medical/geriatric, rest home, dementia care and residential disability - intellectual/physical for up to 110 residents. A 56 bed hospital unit includes a new wing that opened on 11 May 2015. Fourteen rest home level residents and twenty-nine hospital level residents reside in the hospital/rest home unit with plans to no longer accept rest home level residents. There were also 15 of 15 residents in the male-only dementia unit and 21 of 24 residents in the female only dementia unit. There were eight residents under YPD contracts across the facility.</p> <p>There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Hayman has set specific quality goals for 2015. Hayman is part of the Northern 1 Bupa region which includes 10 facilities. Quality reports on progress towards meeting the quality goals are scheduled to be reviewed quarterly but have not yet been completed for 2015. The relieving manager reports that this process is currently underway. In addition, regular reviews and updates to the Hayman Care Home Extension</p>

		<p>Plan 2015 were sighted.</p> <p>The service has recently employed a new care home manager who commenced her employment on 4 May 2015. She trained as a registered nurse but has not kept her practising certificate current. She holds a master's degree in individual and organisational development, has 20 years of management experience in residential intellectual disability and mental health services in the UK and in New Zealand. Bupa provides a comprehensive orientation and training/support programme for their managers. The care home manager is being orientated by the relieving facility manager who has 31 years of aged care experience. The orientation programme includes five weeks of training, four days per week.</p> <p>The care home manager is supported by an experienced clinical manager (CM) who has been employed at the facility for six years and has been working as the CM since 2013. The care home manager and CM are supported by a Bupa Regional Manager and three unit coordinators.</p> <p>Care home managers and clinical managers attend annual organisational forums, six-monthly regional forums and three monthly area forums.</p> <p>A partial provisional audit was completed during the second day of the audit. The facility plans to convert their 15 bed rest home unit to a dementia unit. They will then move their 15 male residents living in the dementia unit to this area and open a 15 bed psychogeriatric unit where the men's dementia unit is currently. The business case is based on the fact that there are currently only 14 psychogeriatric (PG) beds in the Counties Manukau District Health Board region. A business case extension to support changes has been completed and is regularly updated. Plans are in place to disestablish the rest home unit coordinator/enrolled nurse position. This position will be replaced with a unit coordinator/registered nurse to oversee the new 15 bed psychogeriatric unit. A unit coordinator/RN already manages the men's dementia unit.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>Partial Provisional</p> <p>During a temporary absence, the clinical manager or Bupa relieving facility manager covers the care home manager's role. The service is supported by the Bupa Operations Manager. There is a unit coordinator (RN) across the hospital/rest home and dementia units with plans to employ an experienced RN as unit coordinator for the PG Unit.</p> <p>A review of the documentation, policies and procedures and from discussion with</p>

		<p>staff identified that the service operational management strategies and quality improvement programme, which includes culturally appropriate care, are in place to minimise the risk of unwanted events and enhance quality.</p> <p>The organisation 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 people who use the service including residents that require hospital (medical), rest home, dementia, younger residents under YPD contracts and residents under the hospital level specialised services (PG) contract.</p> <p>There is a house GP that visits the facility two mornings a week. A physiotherapist undertakes twice weekly visits (10 hours) and completes mobility assessments for each resident and reviews. An occupational therapist provides services as required. She is an Accessible Assessor and is used to assess residents for sitting, wheelchairs and specific equipment that may be needed to aid daily living. A dietitian provides two monthly visits to assess residents requiring dietary input and reviews and monitors residents already assessed as needing dietary input. The dietitian also attends 'food for thought meetings' and advises qualified staff and kitchen. A psychogeriatrician from Counties Manukau DHB has been invited to provide feedback on the proposed PG unit. This has not yet been undertaken.</p> <p>The service regularly consults with the Bupa dementia leadership group, CMDHB gerontology nurse specialists (which meet with the RNs for peer review two monthly), physiotherapist, dietitian, and mental health for older people.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme in place. Interviews with the care home manager, relieving facility manager, clinical manager and staff (six caregivers, three registered nurses, one activities coordinator) reflect their understanding of the quality and risk management systems that have been put into place.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates,</p>

		<p>complaints received, restraint use, pressure areas, wounds, and medication errors. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality data is benchmarked against other similar Bupa facilities. Quality and risk data, including trends in data and benchmarked results are discussed in staff meetings. Corrective actions are being implemented and signed off by the care home manager or clinical manager when completed.</p> <p>Falls prevention strategies are in place that includes the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. A health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety Plan. Health and safety goals are reviewed annually. Hazard identification forms and a hazard register are in place. The organisation holds tertiary accreditation by ACC for their workplace safety management programme.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow up action(s) required.</p> <p>Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Ten accident/incident forms were reviewed. They all included the signatures, designations and dates of the persons completing the report. This is an improvement from the previous audit. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. A norovirus outbreak on 20 October 2014 resulted in notification to the Bupa Head Office and the Counties Manukau District Health Board on 21 October 2014.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>A register of RN and EN practising certificates is maintained, both at facility level and within Bupa. Website links to the professional bodies of all health professionals have been established and are available on the Bupa intranet.</p> <p>There are comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation</p>

	<p>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 two weeks, RN four weeks); during this period they do not carry a clinical load. Six staff files were reviewed (including three caregivers, one cleaner and two registered nurses). The registered nurse files included their completed orientation booklets. This is an improvement from the previous audit.</p> <p>There is an annual education schedule that is being implemented. In addition opportunistic education is provided by way of tool box talks. There is an RN training day provided through Bupa that covers clinical aspects of care. A competency programme is in place, which compliments the in-service education programme.</p> <p>Performance appraisals are scheduled to occur annually. These were completed annually in only two of the six staff files randomly selected for audit.</p> <p>Bupa is the first aged care provider to have a council approved PDRP. The Nursing Council of NZ has approved and validated their PDRP for five years. Bupa has taken over the responsibility for auditing their qualified nurses. At Hayman, qualified staff are in the process of completing their portfolio on the Bupa Nursing Council approved PDRP.</p> <p>A Bupa goal is to have 80% of caregivers completed a national qualification (level 2 or 3) by quarter 4 2015. Currently at Hayman, 66% of caregivers are either enrolled or qualified.</p> <p>RN competencies include; assessment tools, BSLs/Insulin admin, CD admin, moving & handling, nebuliser, oxygen admin, PEG tube care/feeds, restraint, wound management, CPR, and T34 syringe driver. A review of the competency register identified that these are up to date.</p> <p>The clinical manager reports that all of the caregivers that work in the dementia units have completed their required dementia national qualification. Four caregiver files that were randomly selected reflected documented evidence of completion in only one of the four files.</p> <p>Partial provisional:</p> <p>The orientation, education and training programmes that are currently in place meet contractual requirements for the proposed PG unit. Only caregiving staff who demonstrate completion of the dementia-specific national qualification will be employed to work in the PG unit. The care home manager reports that staff</p>
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		who currently work in the dementia unit may apply to work in the PG unit.
<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 skill mixes. The WAS (Wage Analysis Schedule) is based on the safe indicators for aged care and dementia care and the roster is determined using this as a guide. A report is provided fortnightly from head office that includes hours and whether hours are over and above. There is a care home manager Mon - Fri and a clinical manager (RN) Mon - Fri.</p> <p>Two full-time activity coordinators are employed by the service.</p> <p>Adequate RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of caregivers. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p> <p>Partial Provisional</p> <p>A draft roster for the new psychogeriatric wing has been determined around the WAS. The new wing will be overseen by a unit coordinator/RN. There will be a second RN rostered for the morning, afternoon and night shift. The draft roster includes an adequate increase in caregiver hours to manage the unit. One caregiver will be rostered on each shift 24/7 with a second caregiver rostered for the AM and PM shift when the occupancy is five – nine residents. Three caregivers will be rostered when the occupancy is 10 residents or more. Plans are in place to increase the hours of the activities staff to 20 hours per week.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The 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. .</p> <p>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. Documentation reviewed (including incident forms) had all entries signed and dated and this is an improvement since previous audit.</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>There are policies and procedures in place for safe medicine management that meet legislative requirements. All registered nurses (RN) and enrolled nurses complete an annual medication competency and attend medication education. Three RNs interviewed were able to describe their role in regard to medicine administration. There is a central medication room located within the hospital</p>

		<p>unit. Each unit has a locked trolley stored safely in the nurse's station. Standing orders are current. One self-medicating resident has been assessed and reviewed as per policy.</p> <p>All 12 medication charts sampled met legislative prescribing requirements. The 12 medication charts sampled identified that the GP had reviewed the medications. Anti-psychotic management plans are used for residents with dementia when medications are commenced, discontinued or changed.</p> <p>Partial provisional:</p> <p>The medications are stored in locked trolleys that are held in the nurses' stations. Registered nurses will be responsible for medication in the PG unit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Bupa Hayman are prepared and cooked on site. There is a six weekly seasonal menu which has been reviewed by a dietitian. Meals are plated and delivered in scan boxes to units without kitchenettes. For units with kitchenettes, meals are served by kitchen hands from the bain marie. The main meal is at midday with a lighter tea. Dietary needs are known with individual likes and dislikes accommodated. An Indian menu has been developed to meet ethnic food preferences. Pureed, mince/moist, gluten free, diabetic desserts are provided. Cultural and religious food pretences are met. Fortified soups and skim milk are options for weight loss management. The dietitian is readily available for advice.</p> <p>There are additional nutritional snacks including pureed snacks available 24/7 in the dementia units.</p> <p>Staff were observed assisting residents with their meals and drinks in the hospital unit. Resident/family meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were complimentary of the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded on each meal. Bain marie and scan box temperatures are taken and recorded. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. Cleaning schedules are maintained. Staff were observed to be wearing correct personal protective clothing.</p> <p>The kitchen manager (interviewed) is fully qualified. All food services staff have</p>

		<p>completed food safety and hygiene training and chemical safety. All food services staff have completed training in food safety and hygiene and chemical safety.</p> <p>Partial provisional:</p> <p>Meals will be delivered in bain maries to the new psychogeriatric unit and men's dementia unit. The meals will be served by kitchen hands. A bain maire designated for the new PG unit was sighted in the kitchen. Hot boxes will also be utilised to keep food warm.</p> <p>Space is available in the proposed men's dementia unit and PG unit for the appropriate storage and availability of food for the residents. A kitchenette is available in the proposed men's dementia unit. Advised that boiling water and drinks will come from the kitchen for meals and snack / drink times. There is a fridge available for the storage of snacks in both areas.</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>PA Moderate</p>	<p>Resident focused care plans sampled in residents' files describe the individual support and interventions required for the residents identified needs. The care plans reviewed overall reflected the outcomes of risk assessment tools. However, shortfalls continue around care plan interventions. Resident with diabetes was managed with a hypo and hyperglycaemia flow chart attached to their individual care plan under medical needs. This is an improvement from the previous audit.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>A written record of each resident's progress is documented. Resident changes in condition are followed up by a registered nurse as evidenced in residents' progress notes. Significant events are documented in the manager's report book and in the residents' records. This is an improvement since the previous audit. When a resident's condition alters, the registered nurse initiates a review and if required, a GP consultation or referral to the appropriate health professional is actioned. The clinical staff stated they have all the equipment referred to in care plans necessary to provide care.</p> <p>Dressing supplies are available and dressing trolleys were well stocked for use. Wound initial assessment plans and wound evaluations were completed for minor wounds, skin tears, chronic ulcers and a pressure area. All wounds have been evaluated within the required timeframes.</p> <p>Continence products are available and specialist continence advice is available</p>

		as needed.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs a full-time activity coordinator and a full-time activity assistant. The activity coordinator has been in the role four years and has completed the dementia national qualification. The activity assistant has been recently employed. Both activity persons have had experience working in psychogeriatric units. There is a Bupa occupational therapist in the Southern region available for advice. The rest home and hospital have an integrated activity programme that meets the recreational abilities and preferences of the resident group. There is a separate programme for the male and female dementia units focused on meaningful activities and one on one activities including but not limited to: gardening, baking, pet therapy, doll therapy, happy hours etc. Residents socialise and integrate in activities within the rest home/hospital as appropriate such as special events, entertainment and church services. The physiotherapy assistant spends 10 hours (and additional as required) taking the exercise programme and walking programme with the residents. Care staff oversee activities in the weekends in all units. There are resource cupboards for their use. There are regular van outings for residents in all units. The activity coordinator has a current first aid certificate.</p> <p>Activity assessments were completed on admission in the resident files sampled. Activity plans and care plans are reviewed at the same time. There are two monthly resident/family forums that allow for feedback on the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Initial care plans are evaluated within three weeks of admission. There is documented evidence of a multidisciplinary team review including the resident (where appropriate) and family involvement on the review of the initial and long term care plans. All care plans sampled were reviewed and evaluated by the registered nurses. There were written evaluations evident in the residents' files. A multi-disciplinary team meeting is conducted six monthly for each resident and involves all relevant personnel. The contracted GP examines the residents and reviews the medications at least three monthly. Short term care plans for short term needs were evaluated within a timely manner.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste,</p>	FA	<p>Partial provisional</p> <p>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. Management of waste and hazardous substances is covered</p>

<p>infectious or hazardous substances, generated during service delivery.</p>		<p>during orientation for new staff and chemical safety is included as part of the annual in-service programme.</p> <p>The proposed men's dementia unit includes a lockable closet for linens. Chemicals and the cleaning trolley will be stored in the adjacent rest home/hospital wing. The sluice room is located in the adjacent rest home/hospital wing.</p> <p>The proposed PG unit includes lockable closets for linen, chemicals and a cleaning trolley. The sluice room is located in the adjacent women's dementia unit and staff described how this would work.</p> <p>Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>A current building warrant of fitness is posted in a visible location (expiry date 16 March 2016). The external area adjacent to the new hospital wing has been landscaped. This is an improvement from the previous audit (15 April 2015).</p> <p>Partial provisional:</p> <p>There is a maintenance person who works a total of 40 hours per week and on call. Reactive and preventative maintenance occurs. Fire equipment is checked by an external provider. Electrical equipment is checked annually. All medical equipment was calibrated by BV medical and all hoists and electric beds were checked and serviced at this time. Resident rooms throughout the facility have carpet or vinyl.</p> <p>The nurses' stations for both proposed units are situated in secure locations, adjacent to communal areas. Glass windows allow for staff to keep their eyes on residents while in the nurse's station.</p> <p>An outdoor area off the proposed PG unit is currently being renovated with the installation of handrails and remains closed to residents. This required improvement remains. Advised that currently the men in the unit (dementia unit) can access the ladies outdoor area only under supervision.</p> <p>The outdoor area where the men's dementia unit is relocating is not yet secure.</p> <p>The lounge area in the proposed men's dementia unit is limited in size for both individual and group activities and the only quiet, low stimulus areas to provide</p>

		privacy are the resident's bedrooms. (link to finding 1.4.5.1)
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Partial provisional</p> <p>The proposed men's dementia unit is 15 beds with three toilets and two showers. One of these toilets is in a shower room. In addition, there is one resident room with a full ensuite available.</p> <p>The proposed PG unit is 15 beds. It includes two toilets and two showers. One of the toilets is in the shower area.</p> <p>Adequate space is available in the toilet and shower areas of both of the proposed units to accommodate wheelchairs and mobility equipment. There is a separate, designated toilet in each unit for staff.</p> <p>Privacy locks are installed on all toilet and shower doors.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	PA Low	<p>Partial provisional:</p> <p>The current men's dementia unit will be relocating to where the previous rest home was located. This area is currently vacant with the rest home level residents relocated to the rest home/hospital wing. The rooms are adequate in size for rest home level care.</p> <p>The PG unit is to be opened in the current men's dementia unit. Bedroom space is limited with 13 of the 15 rooms 8m². These rooms can contain an electric bed and lazy boy chair with extra limited space available for a regular sized hoist during resident transfers only. Two of the rooms are 6m². The care home manager reports that these two rooms will be reserved for residents who do not have mobility issues. There are adequate numbers of hospital beds on site.</p> <p>Plans are in place to refurbish the bedrooms in both the proposed PG unit and the men's dementia unit before they are occupied.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	PA Low	<p>Partial provisional:</p> <p>There is ample communal space available for the proposed PG unit including a large dining area, lounge and activities room.</p> <p>The communal area that the men's dementia unit will be relocating to is limited in size (66m²). This space is for dining and lounge/activities. The care home</p>

		<p>manager reports that new furniture will be purchased. During the audit the space was largely unfurnished and it was difficult to visually determine if the space would be large enough to accommodate 15 male residents with dementia. It is significantly smaller than the communal areas in the current men's dementia unit.</p> <p>The care home manager reports that another (second) activities area is located next door in the women's dementia unit via key pad entry. The operations manager reports that there is space to expand if the current space is too small. Input from a psychogeriatrician has been requested and is forthcoming, confirmed in interview with the operations manager.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Partial provisional:</p> <p>All laundry is done off- site at another Bupa facility. Dirty laundry is collected daily and clean laundry is returned daily. There are laundry and cleaning audits completed as part of the annual internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals are stored in locked rooms. All chemicals are labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Partial provisional:</p> <p>Appropriate training, information, and equipment for responding to emergencies are provided. Staff training in fire safety occurs annually. Fire evacuations are held six monthly with the last fire drill completed on 21 May 2015.</p> <p>There is a comprehensive civil defence manual and emergency procedure manual in place. There is an approved evacuation plan dated 13 April 2015.</p> <p>The facility is well prepared for civil emergencies and has emergency lighting. A store of emergency water is kept. There is a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are also available. The facility has civil defence kits.</p> <p>Hoists have battery back and there are batteries that can be used to operate electric beds in the event of a power failure. At least three days stock of other products such as incontinence products and PPE are kept. There is a store cupboard of supplies necessary to manage a pandemic.</p> <p>An electronic call bell system (Austco) is available in all areas of the facility.</p>

		There are indicator panels and the call bells linked to staff pagers.
<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>Partial provisional:</p> <p>Radiant heat panels are located on the ceilings of the residents' rooms, hallways and communal areas. They are controlled centrally. All rooms have a window to allow for ventilation and natural light.</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>Partial provisional</p> <p>The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator and clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system.</p> <p>The committee and the governing body are responsible for the development of the infection control programme and its review. The programme is reviewed annually at an organisational level. The facility has access to professional advice within the organisation and has developed close links with the GP's, community lab, and the infection control and public health departments at the Counties Manukau DHB. There are bi-monthly infection control meetings. The quality meetings also include a discussion and reporting of infection control matters and the consequent review of the programme. Information from these meetings is passed onto the registered nurse and staff meetings. Minutes are available for staff.</p> <p>The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service</p> <p>The scope of the infection control programme policy and infection control programme description is available. There is a job description for the infection control coordinator who is the clinical manager. There is an established and implemented infection control programme that is linked into the risk management system. The quality committee and the governing body is responsible for the development of the infection control programme and its annual review last reviewed September 2014.</p> <p>There are combined infection control / health and safety and quality meetings held regularly. The meetings include a discussion and reporting of infection control matters, trends and quality improvements. Staff interviewed confirmed</p>

		<p>they were kept informed on infection control matters and meeting minutes were made available. There are six monthly teleconferences held for all Bupa infection control coordinators.</p> <p>The facility has adequate signage and hand sanitizers at the entrance asking visitors not to enter if they have contracted or been in contact with infectious diseases. There is a staff health policy.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. 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. Benchmarking occurs against other Bupa facilities.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, the service had no residents using enablers or restraints.</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)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	<p>There is an annual education schedule that is being implemented. In addition, opportunistic education is provided by way of toolbox talks.</p> <p>Education is an agenda item of the two monthly quality meetings. Toolbox talks are held on a regular basis and staff are encouraged to participate. A review of the education programme for 2014 and 2015 (year to date) identified three in-services per month.</p> <p>A competency programme is in place with different requirements according to work type (e.g. support work, registered nurse, cleaner). Core competencies are completed annually and a record of completion is maintained – competency register</p>	<p>Only two of six staff files that were randomly selected for audit held evidence of an annual performance appraisal taking place. The clinical manager reports that all caregiving staff who work in the dementia unit have completed their dementia-specific national qualification but this could not be evidenced in three of the four caregiver staff files randomly selected for audit.</p>	<p>Ensure annual performance appraisals take place for all employees. Ensure caregivers who have completed their dementia-specific national qualification can provide documented evidence of completion.</p> <p>180 days</p>

		sighted. Missing is evidence of annual performance appraisals and documented evidence that caregiving staff working in the dementia units have completed their dementia specific national qualification.		
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Moderate	Short term care plans document the management and interventions required to provide support for changes to health status. Three of six care plans included interventions to support current needs.	(i) There were no documented interventions for one hospital resident who returned from hospital on continuous oxygen. The same resident did not have documented interventions for an infected pressure area. (ii) There were no documented interventions for one dementia resident with pain as identified on GP examination and in the progress notes. iii) There were no documented interventions for one dementia resident with weight loss	Ensure interventions are documented to support current needs 60 days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The outdoor area where the men's dementia unit is relocating has two areas for access. One access point is located in the rest home/hospital wing and is therefore not yet secure. The second access point is in the unit and will be kept open during daytime hours. The outdoor area in the PG unit is currently being landscaped with plans to install handrails for ease of mobility. This project is in the process	The outdoor area where the men's dementia unit will be relocated includes one access point from the rest home/hospital, which is not yet secure. The outdoor area for the proposed men's PG unit is currently closed as it is being landscaped with rails to be installed for safety. This project is in the process of being completed.	Ensure the outdoor area for the men's dementia unit is secure. Ensure the outdoor area for the PG unit is completed prior to opening. Prior to occupancy days

		of being completed.		
<p>Criterion 1.4.4.1</p> <p>Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.</p>	PA Low	<p>Space is limited in the bedrooms of the proposed PG unit but each room can accommodate a hospital bed and lazy boy chair. A hoist could be used in all but two of the bedrooms, but would have to be removed after use, and space would be limited. The operations manager has stated that the two rooms that could not contain a hoist will be reserved for residents who do not have mobility issues.</p> <p>The space available for the proposed men's dementia unit is adequate. This unit was previously certified for rest home level of care.</p> <p>The bedroom walls and floors in both proposed units are marked with curtains that require either cleaning or replacement.</p>	<p>Both the proposed PG unit, which is currently the men's dementia unit and the proposed men's dementia unit, which is currently vacant reflect bedrooms that are worn and tired looking. Walls and floors are marked and curtains have either been removed or are dreary and stained. Plans are in place to refurbish the bedrooms in both units before they are occupied.</p>	<p>Ensure the bedrooms in the proposed PG unit and men's dementia unit are refreshed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.5.1</p> <p>Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.</p>	PA Low	<p>Adequate communal space is available for residents in the proposed PG unit.</p> <p>The proposed men's dementia unit has limited communal space. It was estimated by the maintenance staff as 66m². It was difficult to imagine 15 men with dementia cohabitating peacefully in communal space this size. It should be noted that lounge and dining furniture was not in place and was therefore difficult to visualise.</p>	<p>In the proposed men's dementia unit, limited space is available in the lounge/dining area for residents who wander. The only quiet, low stimulus indoor area is the resident's bedroom.</p>	<p>The service needs to review how the space in the proposed dementia unit can be best managed to ensure adequate low stimulus areas and space for wandering.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.