

Bupa Care Services NZ Limited - Erin Park Rest Home & Hospital

Introduction

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

The audit has been conducted by 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:	Erin Park Rest Home & Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 27 January 2016 End date: 28 January 2016
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	106

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

Erin Park rest home and hospital is part of the Bupa group. The service has 115 beds (51 rest home level and 64 hospital level) with 106 residents occupying beds during this full certification audit. The service also holds the Young Persons with Disability (YPD) contract with nine residents on this contract (three rest home level and six hospital level).

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

An experienced aged care facility manager and clinical nurse manager manage the service. Both managers have been long-standing in their roles and are supported by rest home and hospital unit coordinators. In place is a comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support.

There are well-developed systems, processes, policies and procedures structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Erin Park. Quality initiatives are implemented which provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place. The facility has embedded the InterRAI assessment protocols within its current documentation.

The service is commended for maintaining and achieving three continual improvement ratings relating to good practice, implementation of the quality system and training. One improvement has been identified around completion of all InterRAI assessments.

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.

Staff strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Code of Health and Disability Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

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.

The care home manager is supported by the clinical manager, unit coordinators, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities are conducted, which generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. A comprehensive education and training programme has been implemented. Appropriate employment processes are adhered to. The staff roster schedules sufficient and appropriate cover for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is sufficient information gained through the initial support plans, specific assessments, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified that the integration of allied health and a team approach is evident in the overall resident file. There is a three monthly general practitioner review. The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings and celebrations. Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three monthly by the general practitioner. Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on site. This includes consideration of any particular dietary preferences or needs.

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.

The building is two stories with lift access between floors and flat access to the external areas from each floor, as the site is graduated. There is a current warrant of fitness and an approved fire evacuation plan. There are effective waste management systems in place and chemicals are stored safely. Residents' rooms are single accommodation. Some rooms have their own ensuite, some have shared ensuite facilities and a minority of rooms use communal toilets and showers. External areas are safe and well maintained. The facility has a van available for transportation of residents. Staff that transport residents hold current first aid certificates. There are several lounges throughout the facility and spacious dining rooms in the rest home and hospital wings. Activities occur throughout the facility. Dedicated staff manage cleaning. All laundry is managed offsite at a neighbouring Bupa facility. There are systems in place for emergency management and there is at least three days of emergency supplies stored on site. All key staff hold a current first aid certificate. The facility is light and ventilated. There is overhead electric heating with some heat pumps in public areas. The maintenance manager monitors internal temperatures. There is a designated smoking area within the grounds.

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.

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were three hospital level residents using restraint and seven residents using an enabler. Restraint management processes are adhered to.

Infection prevention and control

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

Summary of attainment

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

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

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the care home manager/registered nurse (RN), clinical manager/RN and all twelve staff (three caregivers, three registered nurses (RNs), two activities staff, one cleaning supervisor, one laundry staff, one kitchen manager, one maintenance staff) confirmed their familiarity with the Code. Interviews with nine residents (seven rest home and two hospital) and six relatives (two with family at hospital level and four with family at dementia level) confirmed the services being provided are in line with the Code. The Code is discussed at resident and staff meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident in all 11 resident files reviewed. General consent forms were evident in the 11 files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal care, entering rooms and so on. Enduring power of attorney evidence is sought prior to admission, and activation documentation is obtained and both are filed with the admission agreements. Where legal processes</p>

		are ongoing to gain EPOA, this is recorded, as are letters of request to families for the supporting documentation. Residents interviewed confirmed that consent was obtained before undertaking any care or treatment.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	A policy describes the role of advocacy services. Staff receive annual training on advocacy services, provided by a representative from the Health and Disability Advocacy Service. Information about accessing advocacy services information is available in the entrance foyer and includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family with advocacy information. The complaints process also includes informing the complainant of their right to contact the Health and Disability Advocacy Service. Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	Residents are encouraged to be involved in community activities and maintain networks with family and friends. Care staff interviewed reported that residents are encouraged to build and maintain relationships. The residents and families interviewed confirmed this and that visiting can occur at any time. All residents, and in particular residents on the Young Persons with Disability (YPD) contract are encouraged to maintain their independence and links to the community with examples provided.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at the entrance to the facility. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All care staff interviewed were able to describe the process around reporting complaints. A complaints register is maintained. Complaints for 2015 and 2016 (year to date) were reviewed. Verbal and written complaints are documented. All complaints documented in the register include an investigation, meet expected timeframes and corrective actions are put into place where indicated. Complaints are linked to the quality and risk management system.</p> <p>Discussions with residents and relatives confirmed that issues are</p>

		addressed promptly and that they feel comfortable to bring up any concerns with the managers.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Posters display the Code throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. On entry to the service, the care home manager or clinical manager discusses the Code with the resident and family/whānau. The information pack is given to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss.
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	The service has policies that align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff were observed gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented and staff undertake annual training on abuse and neglect.
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	The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. Staff training includes cultural safety. Seven residents identified as Māori living at the facility during the audit. One Māori resident interviewed reported that his cultural values and beliefs were being met by the service. The service has established links with local Māori advisors.
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	The service has established cultural policies aimed at helping to meet the cultural needs of its residents. All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment, including the residents' cultural beliefs and values are used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the

		residents and were able to provide examples of ways this is being achieved.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee (sighted in all ten employees' files audited). Professional boundaries are defined in job descriptions. Interviews with all staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>Evidence-based practice is evident, promoting and encouraging good practice. Two registered nursing staff are available seven days a week, 24 hours a day. An RN unit coordinator replaced the enrolled nurse (EN) unit coordinator in the rest home and staffing levels in the rest home now include 24/7 RN rest home level cover in addition to RN cover in the hospital. A minimum of five caregivers are scheduled at any one time.</p> <p>The service receives support from the Counties Manukau District Health Board, which includes visits from specialists and staff education and training. Physiotherapy services are comprehensive. There is a robust in-service education and training programme for staff. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa has well established benchmarking groups for rest home, hospital, dementia, psychogeriatric/mental health services. Erin Park is benchmarked against the rest home and hospital data. If the results are above the benchmark, a corrective action plan is developed by the service.</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>Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open</p>

		disclosure occurs. Fifteen incidents/accidents forms were viewed. The accident/incident form includes a section to record family notification. All 15 forms indicated family were informed. Families interviewed confirmed they were notified of any changes in their family member's health status.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Erin Park Rest Home and Hospital is part of the Bupa group of aged care facilities. The facility has 115 beds (51 rest home level and 64 hospital level) with 106 residents occupying beds during this full certification audit. Six of the rest home level rooms are dual purpose to accommodate hospital level residents. Only mobile hospital level residents are assessed as suitable to occupy these rooms.</p> <p>During the audit there were 94 residents on the Aged Residential Care Contract (40 rest home level and 54 hospital level). The facility holds the Young Persons with Disability (YPD) contract with nine residents on this contract (three rest home level and six hospital level). Three residents were on the long-term chronic conditions (LTCC) contract (hospital level).</p> <p>The Bupa organisation has documented vision and values statements that are shared with staff and are displayed. There is an overall Bupa strategic plan and risk management plan. Additionally, Erin Park has specific annual quality goals identified that link to the strategic plan and are reviewed quarterly.</p> <p>The care home manager is an experienced manager and has managed this facility for over eight years. A clinical manager (RN) who has been in the role for 10 years, and supports the care home manager. There are job descriptions for both positions that include responsibilities and accountabilities. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual organisational forums and regional forums six monthly.</p> <p>The manager and clinical manager maintain at least eight hours annually of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service</p>	FA	<p>The clinical manager undertakes the role of care home manager during brief absences with support from the regional manager. A Bupa</p>

<p>is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>relieving manager covers the role of the care home manager for extended periods.</p> <p>The service has well developed policies and procedures at a service level and an organisation plan that is structured to provide appropriate and safe quality care to those who use the service including residents that require hospital, rest home and disability levels of care.</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>CI</p>	<p>A 2015 quality and risk management programme is in place. Interviews with managers and staff reflected their understanding of the quality and risk management systems.</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. Policies and procedures include reference to InterRAI for an aged care service. New policies or changes to policy are communicated to staff, evidenced in meeting minutes and on the staff notice board.</p> <p>Data collected (eg, falls, medication errors, wounds, skin tears, challenging behaviours) are collated and analysed with results communicated to staff. Corrective actions have been implemented where benchmarked data exceeds targets.</p> <p>An internal audit programme is in place. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented. Quality and risk data is shared with staff via meetings and via posting results in the staff room.</p> <p>Falls prevention strategies include a comprehensive investigation of residents' falls on a case-by-case basis to ensure that strategies to reduce falls have been implemented. The facility has purchased beds that can be lowered to low levels, and sensor mats. A physiotherapist oversees falls prevention exercise classes.</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</p>	<p>FA</p>	<p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all fifteen accident/incident forms reviewed. Adverse events are trended and analysed with results communicated to staff.</p>

<p>where appropriate their family/whānau of choice in an open manner.</p>		<p>There is evidence to support actions are undertaken to minimise the number of incidents. A registered nurse conducts clinical follow-up of residents.</p> <p>Discussions with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resource management policies in place that include recruitment and staff selection processes. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are held for all health professionals. Eight staff files were reviewed. Reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. An in-service education programme is being implemented. Caregivers have completed an aged care education programme. The care home manager, clinical manager and registered nursing staff regularly attend external training.</p> <p>There is a dedicated RN tutor to deliver the education and to assist staff with their learning. To date (October 2015) their staff achievement rates are as follows: NZQA level 3 – 91% of caregivers enrolled with 60% completed and NZQA dementia units – 62% enrolled with 49% completed.</p> <p>There are regular qualified staff meetings, which have included case reviews and education on specific interest topics. In addition, all qualified nurses have attended a yearly one day education day sponsored by Bupa's quality and risk team. CMDHB gerontology nurse specialists also delivered a specialist learning module for nurses called ATTRACT. Staff have also attended education seminars and palliative care courses at South Auckland Hospice.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements of the residents. At least two registered nurses and five caregivers are on site at any one time. Two activities staff with the support of the physiotherapy assistant (who also assists with delivery of activities) are available five days a week. Extra staff can be called on for increased residents' requirements. The</p>

		unit coordinator in the RH is a RN and there is RN hours across 7 days a week. Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrate service integration with only medication charts held in a separate folder.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The admission policy and resident information handbook outlines access, assessment and the entry screening processes. The local community and needs assessment and coordination agencies are familiar with entry criteria and how to access the service. The service operates 24 hours a day, 7 days a week. Comprehensive information about the service is made available to referrers, potential residents and their families and sighted resident agreements contain all detail required under the Aged Residential Care Agreement. Family members and residents interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made. One file reviewed was of a resident that had been transferred to hospital acutely. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was well documented in</p>

		progress notes.
<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 comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service utilises two-weekly robotic packs. There is a medication room in each of the three areas. The Toniq electronic medication system is currently being used in one of the hospital units.</p> <p>All medications were securely and appropriately stored. Registered nurses or senior caregivers, who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. Medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Staff sign for the administration of medications on medication sheets held with the medicines and this was documented and up to date in all 26 medication signing sheets reviewed. The medication folders include a list of specimen signatures and competencies. Three self-medicating resident charts were reviewed and all included three monthly competencies.</p> <p>Medication profiles reviewed were legible, up to date and reviewed at least three monthly by the GP. All medication charts reviewed have 'as needed' medications prescribed with an individualised indication for use. The medication fridge in each area has temperatures recorded daily and these are within acceptable ranges. Medication administration charts were signed as medication was administered.</p> <p>Medication management audits are completed as part of the internal audit system.</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>	FA	<p>A dedicated kitchen manager who is employed Monday to Friday and a weekend cook oversee food management. An assistant cook and two kitchen hands support both, daily. The food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and there is a national menu in place that has been audited and approved by an external dietitian (last reviewed October 2015). The summer menu rotates over a four week cycle and the winter menu is a six weekly cycle. There are policies in place to guide staff. Food is</p>

		<p>procured from commercial suppliers. The majority of food is cooked on site in a large commercial kitchen. There is sufficient storage available. Stock rotation is practised. Hot food temperatures are monitored daily on all meals (records sighted). Fridges and freezers have temperatures monitored daily. Chilled inward goods are temperature checked on delivery and prior to storage. Daily air temperatures are recorded. Commercial operators are contracted to manage kitchen waste disposal.</p> <p>Resident likes and dislikes are known, recorded in the kitchen and alternatives are offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes and is reviewed six monthly, as part of the care plan review. Special diets (ie, soft and pureed diets) are noted on the kitchen notice board, which can be viewed only by kitchen staff. Meals are served from bain maries to the residents in the dining rooms and can be delivered to rooms as required. Specialist utensils and plates are available for residents.</p> <p>The resident annual satisfaction survey monitors food satisfaction. The kitchen is included in the internal audit programme. Staff have been trained in safe food handling and chemical safety.</p> <p>Residents and relatives interviewed commented positively on the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is policy in place regarding the process for declining entry. Consumers are declined entry when there are no beds available or, if the person has health needs that are not able to be provided by the facility. If a potential admission was declined entry, the consumer and where appropriate their family/whānau of choice, is informed of the reason for the decline and provided with other options where they can access services.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The facility has embedded the InterRAI assessment protocols within its current documentation. Bupa assessment booklets and care plan templates were comprehensively completed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in all files. The assessment booklet provides in-depth assessment across all domains of care and is an add-on to the InterRAI assessment. Files reviewed across the rest home and</p>

		<p>hospital identified that risk assessments have been completed on admission and reviewed six monthly as part of the evaluation. Additional assessments for management of behaviour, pain, wound care and restraint were appropriately completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed were comprehensive, and demonstrate service integration and input from allied health. All resident care plans sampled were resident centred and support needs were documented in detail. Family members interviewed confirm care delivery and support by staff is consistent with their expectations. One hospital resident had a specific 'End of Life' care plan in place following a change in health status. Two rest home residents identified as high falls risk had a specific 'keep me safe from falling care plan'. Other specific care plans were implemented for specific health needs, including (but not limited to) dementia, medical needs, diabetes, and chronic wounds. Two YPD residents have clear instructions for management of specific needs including (but not limited to) a PEG. The contracted physiotherapist has completed transfer plans.</p> <p>Short-term care plans were in use for changes in health status and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a range of specialist care professionals.</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>	FA	<p>All care plans reviewed included documentation that meets the need of the residents. Where resident needs had changed, care plans had been updated. Interview with one GP evidenced that care provided is of a high standard and GPs are kept informed. Family members interviewed stated care and support is good and that they are involved in the care planning.</p> <p>Caregivers and RNs interviewed state there is adequate equipment provided, including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place. Wound management and monitoring occurred as planned. All have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as</p>

		<p>needed. Care plans document allied health input. There were three wound registers in the facility. A sample of wounds reviewed in detail included a link to STCPs and LTCPs. There is wound care specialist input where needed. Physiotherapy and dietitian input is provided for residents.</p> <p>Monitoring charts were well utilised at Erin Park and examples sighted included (but not limited to) weight and vital signs, blood glucose, pain, food and fluid, turning charts, behaviour monitoring and restraint monitoring.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs an activity coordinator who holds a qualification in aged care (i.e., level 4 NZQA), a valid driver's licence and a current first aid certificate. She is employed for 37.5 hours a week and is supported by an activity assistant who is employed for 27.5 hours per week. The activities team also uses the services of the physiotherapy assistant who is an overseas trained non-NZ registered physiotherapist who works 30-32hrs a week and manages the exercise programme and others exercises as specified by the physiotherapist. The exercise programme is based on the Otago University falls prevention programme. The activity team have access to Bupa diversional therapy (DT) team at head office and attend the regional DT/activities regional study days with training and education including guest speakers.</p> <p>Each resident has an individual activities programme, which is reviewed when their plan of care is reviewed and as part of their InterRAI assessments.</p> <p>The group activity programme is implemented Monday to Friday between the hours of 9 am to 4 pm in all three lounges (ie, the two hospital lounges and the one rest home lounge). Hospital level residents who live in the dual-purpose bedrooms in the rest home area attend group activities in the rest home (which is considered appropriate to their recreational needs).</p> <p>There are ranges of activities offered. There are separate rest home and hospital programmes with activities that meet the needs and preferences of the two resident groups, however many activities are integrated such as entertainment, as observed on the day of audit. Variations to the group programme are made known to the residents.</p>

		<p>Residents may choose to participate in any group programme. Individual programmes are delivered to residents in their rooms when they are unable to or choose not to participate in the group programme.</p> <p>The group programme covers physical, cognitive, social and spiritual needs. There are regular visiting entertainers and community groups. Targeted group programmes are offered as appropriate to meet the needs of subsets of residents. There is Catholic Church service weekly on Fridays and some residents attend church services in the community. Rest home and hospital residents have the opportunity to go on outings using the service's van or alternative transport arrangements. A caregiver accompanies the activity person on outings. The activities assistant drives the van and she has a current drivers licence.</p> <p>Residents have the opportunity to provide feedback on the activity programme through the bi-monthly resident meeting and resident satisfaction surveys.</p> <p>Residents and relatives interviewed were satisfied with the activities programmes on offer.</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 reviewed had been evaluated by registered nurses six monthly, or when changes to care occurred. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing need. The six monthly multidisciplinary review involves the RN, GP, activities staff, physiotherapist (if involved) and resident/family. The family are notified of the outcome of the review by phone call and if unable to attend, they receive a copy of the reviewed plans. There is at least a three monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p> <p>There is a monthly multi-disciplinary resident review meeting with the Geriatrician, and the staff are supported by a psychiatrist and specialist nurses from MHSOP, by the geriatric nurse specialists and by South Auckland Hospice.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical</p>

<p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed and the resident was reassessed for a higher or different level of care. Discussion with the clinical manager and two unit managers identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services. YPD residents are assisted to access community groups and health services as needed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There is an effective system of waste management in place. Used linen is appropriately managed and all laundry is managed offsite at another nearby Bupa facility. Chemicals are supplied by an external contractor and stored securely throughout the facility when not in use. Appropriate policies are available along with chemical product safety charts. Education on hazardous substances occurs at orientation and is included in in-service training. There is appropriate signage throughout regarding chemical storage and hazards. There is personal protective equipment available for use by staff and this was in use on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 16 March 2016. The facility employs a full-time maintenance manager who is a qualified engineer. The maintenance manager is a member of Bupa's national procurement committee. There are proactive and reactive maintenance management plans in place. The grounds and gardens are maintained by a qualified gardener who assists with maintenance. Contracted providers test equipment. Electrical testing of non-hard wired equipment was last conducted on 10 February 2016. Medical equipment requiring servicing and calibration was last conducted on 11 December 2015. There are hazard management systems in place to ensure the physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents and any visitors to the facility. A bedroom furniture replacement programme is in place, replacing drawer units and bedroom chairs and upgrading window furnishings and replacing floorings. Residents have adequate internal space to meet their needs. External areas are safe and well maintained. The facility has a 10 seater van available for transportation of residents. Those transporting residents</p>

		<p>are designated drivers. They hold a current driver's license and a current first aid certificate.</p> <p>Erin Park was built more than 35 years ago. The following improvements have been made to the environment since the previous audit. a) Altered the building in Matai hospital, in order to create shared ensuite bathrooms that contain both a toilet and a shower. b) Continued with a bedroom furniture replacement programme, replacing drawer units and bedroom chairs. c) Upgrading window furnishings by replacing vertical blinds in the rest home lounge and dining room with sheers and drapes and installing new drapes and sun filter blinds in the hospital lounge/dining areas. d) Replaced the carpet in Matai hospital with a woodgrain-like flooring</p> <p>The gardener assists residents who wish to maintain their own garden pots. In addition, they have built garden boxes for their residents to plant and maintain. The gardener provides all the materials and plants requested by residents and helps them to achieve their desired result. Interviews with one YPD resident confirmed they appreciate being able to converse with someone who shares their interest.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate toilets and showers for residents. The majority of rest home residents use communal shower except for four rest home rooms which have toilet /shower ensuites. The majority of hospital rooms have toilet/shower ensuite rooms except for three rooms in the upstairs hospital area and five rooms in the downstairs hospital area that have toilet ensuites only. There are adequate communal toilets available. Separate visitor and staff toilet facilities are available. Water temperatures are monitored and temperatures are maintained at or below 45 degrees Celsius. Fixtures fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Resident rooms are spacious. Walking frames, wheel chairs and hoists can be manoeuvred around the bed within the rooms, if required. Residents requiring transportation between rooms or services can be moved from their room either by trolley or by wheelchair. There are two lifts between the ground floor and downstairs. One lift is for residents use and the other is a service lift. Both floors have flat access to the external areas, as the site is graduated.</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>	<p>FA</p>	<p>There are several lounges throughout the facility and combined lounge/dining rooms. Residents are able to move freely. Activities occur throughout the facility. There are quiet areas if people wish to speak privately.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>A team of household staff managed by the full-time household supervisor cleans the facility. There is a team of six cleaners, who clean from 7 am to 3 pm seven days a week. The cleaners have access to the appropriate equipment and chemicals. Cleaning equipment and cleaning chemicals are stored securely when not in use. All laundry is sent out for cleaning to a neighbouring Bupa owned facility. The household manager, the internal auditing system and the satisfaction surveys monitor cleaning and laundry services. Cleaning staff receive training at orientation and through the in-service programme. There are policies in place to guide practice.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There is an approved evacuation scheme dated 10 May 2010 in place. There is a comprehensive civil defence and emergency procedures manual in place. The civil defence kit is readily accessible in a storage cupboard. The kit includes an up to date register of all residents' details. The facility is well prepared for civil emergencies and has emergency lighting and BBQs. The kitchen has both electric and gas power. A store of potable emergency water is kept. An emergency food supply, sufficient for three days, is kept in the kitchen. Extra blankets are also available. Hoists have battery packs and there are batteries that can be used to operate electric beds in the event of a power failure. Oxygen cylinders are available for use in the event of a power failure. There is a list of names and contact details of staff so that they can easily be contacted in an emergency. At least three days stock of other products such as medicines, continence products and PPE is held on site. There is a store cupboard of supplies necessary to manage an outbreak of infection. All key staff hold a current first aid certificate. The facility is secured during the hours of darkness. Staff are security conscious. An external security firm monitors the facility overnight. Appropriate training, information, and equipment for responding to emergencies is provided. Staff training in emergency management occurs. The latest</p>

		<p>fire evacuation was held on 3 December 2015. Fire evacuation drills are held at least six monthly and usually more frequently to ensure all staff are well trained. The call bell system is electric and available in all areas and there are indicator panels in each area. During the tour of the facility residents were observed to have easy access to the call bells. Residents spoken to stated that their bells are answered promptly.</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 is light and airy and able to be ventilated by opening external windows and doors. There is overhead electric heating with some heat pumps located in public areas. Internal temperatures are monitored and regulated by the maintenance manager, by using wall-mounted thermometers. There is a sheltered designated smoking area outside, which is used by staff and mobile residents.</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. Staff are well informed about infection control practises and reporting. The infection control coordinator is a registered nurse (CM) and she is responsible for infection control across the facility. The committee and the Bupa governing body in conjunction with Bug Control, is responsible for the development of the infection control programme and its review. A lower north/southern regional infection control meeting addresses infection control issues across the organisation. The infection control programme is well established at Erin Park. The quality/infection control committee consists of a cross section of staff and there is external input as required from general practitioners, and local Community Laboratory. A norovirus outbreak in 2014 was well managed.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Erin Park. The infection control (IC) nurse has maintained best practice by attending infection control updates. The infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and</p>

<p>control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>oversight, the infection control team, training and education of staff and scope of the programme</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand washing and standard precautions. Infection control training was last provided June 2015.</p> <p>The infection control coordinator has received education by an external provider to enhance her skills and knowledge. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice and group benchmarking.</p> <p>A number of toolbox talks have been provided including (but not limited to) preventing UTIs.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and southern community laboratory that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff.</p> <p>Infections statistics are included for benchmarking. Corrective actions are established where infections are above the benchmark (link 1.2.3.6).</p> <p>All infections are documented monthly in an infection control register.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the care staff confirmed their understanding and the differences between restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had seven residents who had voluntarily requested an enabler. Residents using an enabler undergo an assessment process similar to those residents being assessed for a restraint. The resident signed consent for use of an enabler.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint minimisation policy. The roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood, as evidenced in interviews with the restraint coordinator and care staff. The restraint approval form identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator/RN in partnership with the resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>Two hospital-level residents' files were reviewed where restraint was in use. Ongoing consultation with the resident and family/whānau were evident. Completed assessments considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints include bed rails and lap belts. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident and family and the restraint coordinator. The use of restraint is linked to the residents' care plans. Internal audits measure staff compliance in</p>

		<p>following restraint procedures. Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form, evidenced in two residents' files where restraint was in use.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for all residents requiring restraints and enablers.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the ongoing reassessment of residents on the restraint register, and as part of the care plan review. Families are invited to be included as part of this review. A review of two files of residents using restraints identified that evaluations were up-to-date.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Restraint coordinators from the Bupa aged care facilities discuss and review restraints at the six-monthly Bupa teleconference restraint meetings. Meeting minutes include (but are not limited to) a review of the restraint and challenging behaviour education and training programme for staff and review of the organisation's restraint policies and procedures.</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 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	Registered nurses are responsible for the completion of assessment, care planning and evaluation. Eleven resident files (three rest home, five hospital, three YPD) were reviewed. Four of the eight aged care files included the InterRAI assessments. Initial care plans and long-term care plans reviewed were completed within identified timeframes. Medical assessments were completed on admission by the GP in all files sampled, with at least one to three monthly reviews in all resident files.	Of the eight aged care files reviewed, two in the rest home had no InterRAI assessment completed and two in the hospital were overdue for reassessment.	<p>Ensure all InterRAI assessments are completed within required timeframes.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>All Bupa facilities have a master copy of all policies and procedures and a master copy of clinical forms filed alphabetically in folders. These documents have been developed in line with current accepted best and/or evidenced based practice and are reviewed regularly. The content of policy and procedures are detailed to allow effective implementation by staff. A number of core clinical practices also have education packages for staff, based on their policies.</p> <p>There is a human resources learning and development fund policy. The objective of this policy is to ensure the ongoing 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. Bupa has a bi-monthly clinical</p>	<p>A physiotherapist is onsite for a minimum of 10 hours per week. She has implemented a range of exercise programmes and classes which are linked to the modified Otago Falls Programme that have assisted in significantly reducing the rate of residents’ falls (link to CI 1.2.3.6). She is involved with manual handling teaching and reports that staff are scheduled to re-attend training if they have had an incident around manual handling. The rate of bruising has reduced over the past three months and continues as a quality initiative. The physiotherapist also plays a key role at the facility in helping to reduce pressure injuries and recently provided training to staff regarding the proper positioning for a high-risk resident. Her hours are flexible and increase as resident acuity demands.</p> <p>A focus has been on encouraging staff to be the</p>

		<p>newsletter called Clinical Bites, which provides a forum to explore clinical issues, ask questions, share experiences and updates with all qualified nurses in the company. Registered nurse interviewed at Erin Park could describe this. Competencies are completed for key nursing skills. Registered nurses regularly access training, including sessions that are externally run. Bupa run a registered/enrolled nurse training day and clinically focused training sessions. There are clear ethical and professional standards and boundaries within job descriptions.</p> <p>Newsletters are available for residents and relatives at Erin Park.</p> <p>Discussions with residents and relatives were very positive about the care they receive. All services provided at Erin Park adhere to the health and disability services standards.</p>	<p>best that they can be in their role through education, training, coaching, the Personal Best programme and to offer health and wellness programmes through the Bupa Bfit programme. The care home manager reports that this has resulted in a stable workforce with 80% of staff working at Erin Park for greater than two years and 40% of staff employed for greater than six years. This is celebrated by a display of staff achievements posted on an honours board in a visible location. Staff satisfaction remains high with an average satisfaction level of 80%.</p>
<p>Criterion 1.2.3.1</p> <p>The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	CI	<p>Robust quality and risk management systems are in place, which includes (but is not limited to) collecting data from a range of quality activities, benchmarking results against other Bupa facilities, established targets to aim for, implementing corrective actions where targets are not met and/or where opportunities for improvement are identified, and evaluating the impact of these corrective actions.</p>	<p>Bupa has robust quality and risk management systems, implemented and evaluated at Erin Park. A culture of continuous quality improvement, led by the care home manager and clinical manager has resulted in high levels of resident satisfaction and 2015 results reflect scores of 93% or higher under the categories of: getting to know our residents, well-training staff, meaningful activities and a supportive homelike environment.</p> <p>Quarterly quality reports on progress towards meeting the quality goals identified are completed and reflect outcomes of goal achievement in a number of areas including but not limited to medication management, restraint minimisation, and reduction in the number of falls.</p>
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are</p>	CI	<p>Quality data is trended and analysed in a comprehensive manner. Staff are kept well-informed regarding results, evidenced in meeting minutes,</p>	<p>A key indicator of quality of care is the monthly benchmarking data. Quality initiatives are in place to reduce falls, medication errors and skin tears.</p>

<p>collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>		<p>information posted in the staff room and through interviews with staff. A range of improvements have been identified through quality and risk management processes.</p>	<p>Analyses of benchmarking data reflected an overall falls rate per 1000 occupied bed days that has trended downward for the past two years. Medication errors have reduced significantly from the first quarter of the year, are below benchmarked levels and remain an opportunity for improvement with the care home manager reporting that she is working towards a zero rate of medication errors. An electronic medication management system is being piloted by the facility. The skin tear rate of 3.2 skin tears per 1000 occupied bed days continues to be below the benchmark.</p>
<p>Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>CI</p>	<p>Education and training programmes are promoted with evidence of high in-service attendance rates. The vast majority of caregivers have achieved a level two NZQA qualification or higher. Nursing staff are provided with ongoing external educational opportunities.</p>	<p>Staff are encouraged to undertake NZQA National Certificate in Support of the Older Person and to complete the NZQA dementia unit standards. To assist, a registered nurse has been employed as a tutor to deliver education and assessment. Outcomes achieved include 91% of staff who enrolled in the NZQA level 3 qualification with a 60% completion rate and 62% who are enrolled in the NZQA dementia paper with 49% completion.</p> <p>The 2015 resident satisfaction survey results reflected 94% of residents feel that the staff are well-trained.</p> <p>A robust education and training programme is in place for the registered nurses that includes case reviews and education on specific topics of interest. All nurses attend an annual education day sponsored by Bupa. Nursing staff are encouraged to complete the professional development recognition programme (PDRP). To date 24% of the nursing staff have achieved this high standard.</p>

End of the report.