

Bupa Care Services NZ Limited - Remuera Care Home

Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Remuera Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 April 2016 End date: 7 April 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:	38

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Remuera Care Home is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 44 residents. On the day of audit, there were 38 residents.

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

The care home manager has been in the role for two years and is an experienced Bupa manager. The manager is supported by a clinical manager.

There are well-developed systems, processes, policies and procedures that are 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 Remuera. 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.

Three improvements have been identified around meeting documentation, consent forms and care plan documentation.

A continued improvement rating has been awarded about improvements to the activities programme.

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.		Some standards applicable to this service partially attained and of low risk.
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Remuera Care Home provides an environment that supports resident rights. Staff demonstrates an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. 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. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

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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Bupa Remuera is implementing the organisational quality and risk management system. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.

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. Ongoing education and training for staff is in place. Registered nursing cover is provided 24 hours a day, 7 days a week.

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 information gained through the initial support plans, specific assessments, discharge summaries 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 integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months. The activities coordinator 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 at admission. All meals are cooked on-site. Snacks are available.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. All residents' rooms are spacious. All rooms have ensuites. There is a temporary stair chair lift for access to and from upstairs while the new lift is being installed. External areas are safe and well maintained with shade available. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receives training in restraint minimisation and challenging behaviour management. On the day of audit, the service had no residents using restraint or enablers.

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.

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 (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control 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 receives ongoing training in infection control.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	42	0	3	0	0	0
Criteria	1	89	0	3	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>Bupa Remuera Care Home ensures that all residents and families are informed about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There is a poster displayed in a visible location. The Bupa policy around the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receives training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff (four caregivers, three registered nurses, care home manager and activity coordinator), reflected their understanding of the key principles of the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed</p>	PA Low	<p>The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident on all resident files reviewed. Three of the seven files sampled have resuscitation consents which the GP has signed as clinically indicated 'not for resuscitation', but there is no documented evidence of consultation with the family. General consent forms were evident on 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 or on admission and filed in the residents' records.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's</p>

consent.		lives.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receives education and training on the role of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. Residents are assisted to meet responsibilities and obligations as citizens, for example, voting and completion of the census. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in as much as they can safely and desire to do. Resident meetings are held bi-monthly. Regular newsletters are provided to residents and relatives.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaints register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Two complaints received during 2016 document timely follow up to the complainant and robust service follow up with regard to training and remedial actions.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager and registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the resident/family meetings. All seven residents (three hospital and four rest home) and five relatives (three rest home and two hospital) interviewed, report that the residents' rights are being upheld by the service.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>It was observed that residents are treated with dignity and respect. Residents and family interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and church services are held. There is a policy on abuse and neglect and staff have received training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. Best practice guidelines for Māori health flipcharts are available to staff. The service values and encourages active participation and input of the family/whānau in the day-to-day care of the resident. There are no residents who identify as Māori living at the facility.</p> <p>Māori consultation is available through the documented iwi link with Ngati Whatua and local Māori ministers. Staff receives education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p> <p>All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>A staff Code of Conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education/training sessions and staff meetings.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available 7 days a week, 24 hours a day. A house GP visits the facility three days a week and as needed. The general practitioner (GP) reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable.</p> <p>Physiotherapy services are provided on-site, three days a week with the support of a physiotherapy assistant. There is a regular in-service education and training programme for staff. A podiatrist is on-site every six weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa has established benchmarking groups for rest home, hospital, dementia and psychogeriatric/mental health services. Remuera 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>	<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/whānau is recorded on the family/whānau communication record, which is held in 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. Seventeen accident/incident forms reviewed (from January 2016), identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of 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 and 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>Remuera Care Home is a Bupa residential care facility. The service currently provides care for up to 44 residents at hospital and rest home level care. On the day of the audit there were 38 residents (17 hospital residents- including 1 ACC funded YDP and 21 rest home residents- including 2 in private apartments).</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>Remuera Care Home is part of the Northern One Bupa region. The managers from this region have three forums a year where progress and problems are discussed. Weekly teleconferences and an annual all of Bupa forum ensure continuity of service alignment and progression of business objectives. The care home manager provides a weekly report to the Bupa operations manager.</p> <p>A quarterly report is prepared by the care home manager and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve service quality goals.</p> <p>Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia and psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia, (e.g., mortality and pressure incidence rates and staff accident and injury rates). Benchmarking of some key indicators with other NZ providers is also in place.</p> <p>The care home manager (RN) has been in the role for two years and was previously the manager at another Bupa facility. The clinical manager was on leave at the time of audit and a senior RN was acting in the role with support from the care home manager. Staff spoke positively about the support/direction and management of the current management team.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe</p>	<p>FA</p>	<p>The service employs a clinical manager/registered nurse (RN) who is employed full time. The clinical manager was on extended leave at the time of audit and a senior RN was in place. The operations manager, who visits regularly, supports both managers.</p> <p>The service operational plans, policies and procedures promote a safe and therapeutic focus for residents affected by the aging process and promotes quality of life.</p>

services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	PA Low	<p>Remuera Care Home is implementing the Bupa quality and risk management programme. Audits, data collection, collation of data are all documented as taking place with remedial actions as needed. The reporting of quality outcomes to meetings is not always documented as occurring.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>As part of the Bupa group the service collects, collates and evaluates a comprehensive range of quality and risk data. There is an audit schedule in place, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented for audits as needed. The service collates incidents and accidents and infection control outcomes and implements action plans when the service falls outside the Bupa control limits.</p> <p>Interviews with staff and review of quality action forms/toolbox talks, demonstrate a culture of quality improvements.</p> <p>Bupa has a nationwide falls prevention plan in place and Remuera has falls prevention strategies in place. A health and safety system is in place with identified health and safety goals. Regular, national teleconferences take place which the service health and safety representative attends. Hazard identification forms and an up-to-date hazard register is in place.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Thirteen resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse (link to 1.3.5.2 for falls interventions and incident forms). Incidents are benchmarked and analysed for trends.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, employment</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>contracts, completed orientation and annual performance appraisals. A register of practising certificates is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies.</p> <p>A competency programme is in place with different requirements according to work type (e.g., support work, registered nurse, and cleaner). Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files).</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. The caregivers undertake aged care education (Careerforce). Education and training for clinical staff is linked to external education provided by the district health board. The service enables and encourages training for all staff, ranging from the foundation skills qualification to level four dementia care. All care staff is required to complete foundation skills (NZQA). Of 14 caregiving staff, 12 have completed foundation skills and level four dementia care with the remainder 2 staff (new staff) currently in progress.</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.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The clinical manager is on call after-hours with other registered nurses. The care home manager and senior RN are available during weekdays. Adequate RN cover is provided 24 hours a day, 7 days a week. Sufficient numbers of caregivers support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas.</p> <p>Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</p>

required.		
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There are policies and procedures to safely guide service provision and entry to services including a comprehensive admission policy.</p> <p>Information gathered at admission is retained in resident's records. The service has well-developed information packs available for residents/families/whānau at entry. Advocacy is available if appropriate. The admission agreement reviewed requirements of the ARC contract. Seven admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Policy describes guidelines for death, discharge, transfer, documentation and follows 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.</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 comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were three residents self-administering on the day of audit. All three had signed informed consent forms and all medicines were stored safely. There is one medication room. All medications were securely and appropriately stored. The facility uses a robotic pack system. At breakfast and dinner time registered nurses (RN) administered medications. At lunchtime, medications were administered by a medication competent senior caregiver. Medication competencies are updated annually. All four RN's have completed syringe driver competencies. Medication charts have photo ID's. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors are recorded and fed back to the supplying pharmacy. There is a list of standing order medications that have been approved by the GP. Staff sign for the administration of medications on medication sheets held with the medicines and this was documented and up to date in all 14 medication signing sheets reviewed. The medication folders include a list of specimen signatures. Medication profiles reviewed were legible, up to date and reviewed at least three monthly by the GP. All 14 medication charts reviewed have 'as required' medications prescribed with an individualised indication for use. The medication fridge has temperatures recorded daily and these are within acceptable ranges.</p> <p>The management team stated they have improved the documentation around medication. They achieved this by</p>

		reducing the number of visiting GPs on-site from 27 to 3 and also by contracting a GP service who visits the facility twice a week.
<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	The service employs two cooks and two kitchen hands. One cook works five days and one the weekend. All have current food safety certificates. The Monday to Friday cook oversees the procurement of the food and management of the kitchen. There is a well equipped kitchen and all meals are cooked on-site. Meals are served from the bain marie. Residents eating in their rooms have meals delivered on trays with the food covered and kept warm. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge, food and freezer temperatures were monitored and recorded daily. The Monday to Friday cook also monitors the fridges in the small upstairs kitchen. These were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets were noted on the kitchen noticeboard which is able to be viewed only by kitchen staff. The national Bupa menus have been audited and approved by an external dietitian. Residents and families interviewed were very happy with the meals provided. Alternatives are catered for. There was evidence that there are additional nutritious snacks available over 24 hours.
<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	The service records the reason for declining service entry to residents should this occurs and communicates this to residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs,</p>	FA	InterRAI assessments and Bupa assessment booklets reviewed were comprehensively completed for all seven resident files reviewed. The assessment booklet provides in-depth assessment across all areas of care. Risk assessments are completed on admission and reviewed six monthly as part of the support plan review. Additional assessment for wound care was appropriately completed according to need. InterRAI assessments

support requirements, and preferences are gathered and recorded in a timely manner.		and risk assessments linked to the care plans in the seven files reviewed.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Low	Overall care plans reviewed were comprehensive, however discrepancies were noted in aspects of three care plans. All seven resident care plans were resident-centred and multidisciplinary. Family members interviewed confirm care delivery and support by staff is consistent with their expectations. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved. There was evidence of service integration with documented input from a range of specialist care professionals including geriatrician, dietitian and podiatrist.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	All seven care plans reviewed included documentation that meets the need of the residents and all care plans had been updated as residents' needs changed. Interview with one GP evidenced that care provided is of a high standard and the GP is kept informed. Family members agreed that the clinical care is good and that they are involved in the care planning. Caregivers and RNs interviewed stated 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. There are currently four skin tears, one ulcer, one cellulitis and one small lesion. Access to specialist advice and support is available as needed. Care plans document allied health input.
Standard 1.3.7: Planned Activities 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.	FA	There is one activities coordinator (40 hrs weekly) who has a background in customer service. She attends all Bupa diversional therapy meetings and training and is planning on completing diversional therapy training. A physiotherapy assistant assists with walking and exercise groups. On the day of audit, residents were observed being actively involved with a variety of activities including an art appreciation class. The Bupa activities programme template is designed for high end and low end cognitive functions and caters for individual needs. The programme is developed weekly and displayed in large print and colourful illustrations. The activities coordinator has ensured there is a variety of activities, celebrations and outings to suit all residents. Residents have an assessment completed over the first few weeks after admission obtaining a complete history of past and present interests, career, family etc.
Standard 1.3.8: Evaluation	FA	Care plans reviewed were evaluated by the registered nurses six monthly or when changes to care occurs. Short-term care plans for short term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The multidisciplinary review involves the RN, GP, activity coordinator,

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>resident/family and clinical manager. The family are notified of the review and if they can't attend are notified of the outcome. There is at least a three monthly review by the GP with residents in the hospital being seen monthly. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral documentation is maintained on resident files. Discussion with the RN's identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are clear policies that include chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and the appropriate staff has attended chemical safety training. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas in all areas. Safety data sheets and product sheets are available. Sharps containers are available. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons and goggles are available for staff. The maintenance person described the safe management of hazardous material.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires on 25 June 2016. Fire equipment is checked by an external provider. Electrical equipment has been tested and tagged in March 2016. Hoists and scales have been tested and tagged in November 2015. Reactive and preventative maintenance occurs. There standard Bupa planned maintenance programme is in place. Hot water temperatures have been monitored monthly in resident areas and were within the acceptable range. The living areas, hallways and bedrooms are carpeted but</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>the bathrooms/toilets and kitchen areas have vinyl surfaces. All hallways are wide and promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are small outdoor areas with seating and shade. There is wheelchair access to all areas. The facility has a van available for transportation of residents. Staff transporting residents has current first aid certificates. In the facility, residents are able to bring in their own possessions and are able to personalise their room as they wish. The facility is currently installing a new lift. This area is closed off and clearly signposted as a risk (in Cantonese as well). There is a temporary stair chair lift in place. There is also a temporary agreement with St Johns for transporting residents on a stretcher if required. The area which is currently being converted into double rooms is closed off and well signposted as a risk.</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>	<p>FA</p>	<p>All bedrooms have ensuites. The hospital ensuites are large and accommodate shower chairs and hoists. The rest home's ensuites are slightly smaller and while accommodate shower chairs they are not large enough for the use of hoists. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Visitor and staff toilets are available.</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>	<p>FA</p>	<p>All residents rooms are large with ample room to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents' rooms in all other areas are larger. The lounge areas are spacious and can be used for activities and small groups as well as for private social interaction. Residents requiring transportation between rooms or services are able to be moved safely from one area to another. Staff interviewed reported that they have ample space to provide care to residents.</p>
<p>Standard 1.4.5: Communal Areas For</p>	<p>FA</p>	<p>Activities occur in the lounge areas. The lounges are large enough to not impact on other residents who are not involved in activities. Seating and space can be arranged to allow both individual and group activities to occur.</p>

<p>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>There is adequate space to allow maximum freedom of movement while promoting safety.</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>Personal laundry is undertaken on-site. Linen and towels are laundered off-site at another Bupa facility. The laundry is small but well organised and is divided into a “dirty” and “clean” area. Staff interviewed state that they manage the workload adequately. There is a comprehensive laundry and cleaning manual. Cleaning and laundry services are monitored through the internal auditing system and the resident satisfaction surveys. The cleaners trolleys were attended at all times or locked away in the cleaning rooms as sighted on the day of the audit. There is a sluice room on the ground floor for the disposal of soiled materials and waste. This and the laundry are kept locked when not in use.</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>Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation plan (letter dated August 2005). Fire evacuations are held six monthly and the last drill was completed November 2015. There is one booked for this month. There is a civil defence and emergency plan in place. The facility is well prepared for emergencies and has emergency lighting, a store of water and gas barbeques for alternative cooking. The maintenance person stated that a generator would be hired if required. Emergency food supplies for three days are kept in the kitchen. At least three days stock of other products such as continence products and personal protective equipment are kept. There is a first aid kit. There is a first aid certificated staff member on each shift. The call bell system is available in all areas and residents were observed to have easy access to this and stated that their bells were answered in a timely manner. Outside doors are locked at dusk, there is security lighting and there are security guards who patrol randomly at night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural</p>	<p>FA</p>	<p>The facility has sufficient natural light. There are electric panel heaters in all rooms and hallways. Smoking is only allowed outside on one designated ‘smoking’ balcony. Apart from this the facility and grounds are a smoke-free area.</p>

light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<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 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. The infection control programme is well established at Remuera. The infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, Bupa quality & risk team and Medlab. An outbreak in August 2015 was well managed and resolved within five days. Public health were documented as informed.</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. The infection control (IC) nurse is the clinical manager; he has maintained best practice by attending infection control training in 2015. Whilst the clinical manager is on leave a close sister facility provides oversight. The infection control team is part of the quality committee and is representative of the facility. External resources and support are available as 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 control of infection reflect current accepted good practice and relevant legislative</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.</p>

<p>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>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control (IC) coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator at a sister facility provides oversight whilst the IC coordinator is on leave. This coordinator has an IC certificate (sighted). Orientation package includes specific training around hand hygiene and standard precautions. Infection control training is regularly held as part of the annual training plan. The infection control team have access to the Bupa intranet with resources, guidelines, best practice and group benchmarking.</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>	FA	<p>The surveillance policy describes the purpose and methodology for the surveillance of infections. The IC coordinator and senior RN uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Individual infection report forms are completed for all infections. This is kept as part of the resident files. Infections are included on a monthly register and a monthly report is completed by the IC coordinator. Infection control data is collated monthly and reported at the quality and infection control meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. The results are subsequently included in the manager's report on quality indicators. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP's that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation 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. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, regional restraint meetings and at an organisational level. Interviews with the staff confirm their understanding of restraints and enablers. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the</p>

		residents. On the day of audit, there were no residents with enablers or restraint.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.10.2</p> <p>Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making.</p>	PA Low	<p>There is a policy in place for informed consent and resuscitation. General consent forms were evident on files reviewed. Completed resuscitation treatment plan forms were evident on all resident files reviewed.</p>	<p>Three of seven resuscitation consents which the GP has signed as clinically indicated 'not for resuscitation' have no documented evidence of consultation with the family.</p>	<p>Ensure all clinically indicated 'not for resuscitation' consent forms have documented evidence of consultation with the family.</p>

				90 days
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>There is a comprehensive quality and risk management process in place. Monitoring in each area is completed monthly, quarterly, six monthly or annually as designated by the internal auditing programme schedule. Incidents and accidents are documented as reported to QI meetings and discussed. Registered nurse meetings have recommenced April 2016.</p>	<p>The service had not held a clinical (RN) meeting since May 2015 to April 2016 and the quality outcomes associated with IC, internal audits and complaints are not documented as reported and discussed in all quality meetings for 2015.</p>	<p>Ensure that meetings are held as scheduled and that quality data is documented as reported and discussed.</p> <p>60 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	<p>Care plans are overall comprehensive but two care plans were noted to have interventions that were contradictory and one did not contain sufficient information to guide staff</p>	<p>(i) One rest home care plan stated resident is on a soft diet with low roughage but further on states resident is on a normal diet and to give high fibre. (ii) One rest home resident regularly has alcohol and is an increased falls risk but this is not documented clearly in the care plan; (iii) one hospital resident's (YPD) care plan states resident is continent of urine and faeces and uses tena pads but further on states resident has an indwelling catheter.</p>	<p>Ensure all interventions are clear and fully documented</p> <p>60 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 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>Resident files reviewed identified that the individual activity plan is reviewed at least six monthly. Church groups visit fortnightly but Catholic residents receive Mass as required. There are van outings three times a week. Two are short trips to the beach or park etc. and the third is a long trip which may include a museum or movie visit etc. Events such as birthdays, Easter, Mother’s Day etc. are celebrated. The facility is currently planning a 100th birthday celebration. Residents who prefer to stay in their rooms have one-on-one which may involve a chat, a game of chess, hand massage or being read to. The YPD resident enjoys getting out on the van outings and has music therapy weekly with a trained musical therapist. The diversional therapist is planning to start art and literature appreciation</p>	<p>A robust activities programme was in place. A project was completed around extending the activities programme to ensure it includes the needs of the hospital level residents. As part of actions completed they took on-board resident/relative feedback. Actions included (but not limited to); increasing the van outings from 3-to 4 a week, organised a volunteer to work one-on-one with resident according to their map of life, introduced more cognitive activities, introduced a music therapist who visits weekly, introduced an art appreciation course, a trolley that provides treats to the residents and a few necessary products, a cooking activity each week, invited speakers to the facility on a regular basis, introduction of an active art group that includes movement, poetry and stories; a Mah Jong group was introduced to meet the needs of Chinese residents-including regular Yum Cha; increased physical therapy for the residents by introducing a fitness circuit once a week; croquet introduced every six weeks; relationship established with the local Primary School who provide entertainment and art within the facility. The service completed an evaluation of the activity programme 6 months later via a resident</p>

		<p>classes. The facility is fortunate to have a shopping centre very close and residents who are able enjoy shopping ore a coffee with friends and family</p>	<p>survey which evaluated the effectiveness of the project. The overall satisfaction result was 90%, which was an improvement of 14 % from the 2015 resident survey for meaningful activities.</p>
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End of the report.