

# Bupa Care Services NZ Limited - Tasman Care Home

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## Introduction

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

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

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

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

The specifics of this audit included:

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|---|--|
| <b>Legal entity:</b>  | Bupa Care Services NZ Limited  |
| <b>Premises audited:</b>  | Tasman Care Home   |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| <b>Dates of audit:</b>  | Start date: 15 November 2016    End date: 15 November 2016   |
| <b>Proposed changes to current services (if any):</b>   | None   |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 64   |

# Executive summary of the audit

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## 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

Tasman Care Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) care for up to 72 residents. On the day of the audit there were 64 residents.

This unannounced surveillance audit was conducted against a subset of the 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 resident's and staff files, observations and interviews with residents, relatives, staff, management and the general practitioner.

The newly appointed care home manager has a background in management. The care home manager is supported by an experienced clinical manager and the Bupa operations manager. Feedback from resident and relative interviews was positive in regards to care provided.

Five of seven shortfalls identified at the previous audit have been addressed around communication, corrective actions, neurological observations, access to activities programme, and staffing. Further improvements continue to be required around assessments and medication management.

This audit also identified improvements required around staff training, orientation documentation, analysis of quality data and hazard management, and wound care documentation.

## Consumer rights

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|--|--|--|
| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |
|--|--|--|

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.

## Organisational management

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|---|--|--|
| 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 medium or high risk and/or unattained and of low risk. |
|---|--|--|

Services are planned, coordinated, and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of regular reviews. Corrective actions are implemented where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training is provided on a regular basis. Registered nursing staff are available 24 hours a day, seven 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. |
|--|--|---|

Registered nurses utilise the InterRAI assessment to assess, plan and evaluate care needs of the residents. Care plans reviewed were developed in consultation with the resident and/or family. Care plans demonstrate service integration. Resident files include three monthly reviews by the general practitioner. There was evidence of other allied health professional input into resident care.

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

There are activities programmes in place for the rest home, and hospital residents. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food and baking is done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

## Safe and appropriate environment

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

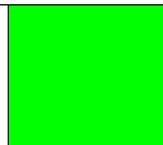


Standards applicable to this service fully attained.

A current building warrant of fitness is posted in a visible location.

## 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.

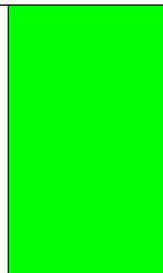


Standards applicable to this service fully attained.

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 was one resident using restraint and no residents were 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.

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.

| <b>Attainment Rating</b> | <b>Continuous Improvement (CI)</b> | <b>Fully Attained (FA)</b> | <b>Partially Attained Negligible Risk (PA Negligible)</b> | <b>Partially Attained Low Risk (PA Low)</b> | <b>Partially Attained Moderate Risk (PA Moderate)</b> | <b>Partially Attained High Risk (PA High)</b> | <b>Partially Attained Critical Risk (PA Critical)</b> |
|--------------------------|------------------------------------|----------------------------|---|---|---|---|---|
| <b>Standards</b>         | 0                                  | 11                         | 0   | 4   | 1   | 0   | 0   |
| <b>Criteria</b>          | 0                                  | 31                         | 0   | 6   | 1   | 0   | 0   |

| <b>Attainment Rating</b> | <b>Unattained Negligible Risk (UA Negligible)</b> | <b>Unattained Low Risk (UA Low)</b> | <b>Unattained Moderate Risk (UA Moderate)</b> | <b>Unattained High Risk (UA High)</b> | <b>Unattained Critical Risk (UA Critical)</b> |
|--------------------------|---|-------------------------------------|---|---------------------------------------|---|
| <b>Standards</b>         | 0   | 0                                   | 0   | 0                                     | 0   |
| <b>Criteria</b>          | 0   | 0                                   | 0   | 0                                     | 0   |

# Attainment against the Health and Disability Services Standards

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

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

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

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

| Standard with desired outcome  | Attainment Rating | Audit Evidence   |
|--|-------------------|--|
| <p>Standard 1.1.13:<br/>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 during entry to the service. Interviews with eight residents (three rest home, five hospital) and families, demonstrated their understanding of the complaints process. The care home manager and seven staff interviewed (two caregivers, three registered nurses (RNs), one kitchen manager and one activities coordinator) were able to describe the process around reporting complaints.</p> <p>A complaints register is maintained. Complaints for 2016 (year to date) were reviewed. All complaints documented in the register included an investigation, met expected timeframes and corrective actions were put into place where indicated.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and families confirmed that issues are addressed promptly and that they feel comfortable to bring up any concerns with the care home manager. The care home manager reports that he has an open door policy and is able to deal with concerns promptly before they are escalated.</p> |
| <p>Standard 1.1.9:<br/>Communication</p>   | FA                | <p>Policies and procedures relating to accident/incidents, complaints and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Communication with family/whānau</p>  |

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| <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>                                      |               | <p>is recorded on the family/whānau communication record and on the accident/incident forms.</p> <p>Communication with residents and families was evidenced in the two monthly resident/family meeting minutes. Fifteen accident/incident forms were reviewed and reflected evidence of informing next of kin following an adverse event. Interviews with three families (hospital level) confirmed that communication was good and that it has improved since the new care home manager has been employed. These are improvements from the previous audit.</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. Residents and their family are informed prior to entry of the scope of services of any items they have to pay 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>Tasman Care Home is a Bupa residential care facility. The service is certified to provide rest home and hospital (geriatric and medical) level care. There are 72 dual-purpose beds in the care facility and 10 serviced apartments that are approved for rest home level of care. During the audit, there were 64 residents in the care facility (29 rest home, 35 hospital). One hospital level resident was on respite and five hospital level residents were on the interim care DHB contract. There were no rest home level residents in the serviced apartments.</p> <p>The 72 dual-purpose rooms are located across three floors. Floor one, included 21 rest home residents; floor two, included three rest home and 20 hospital level residents; floor three, three rest home level and 17 hospital level residents.</p> <p>A vision, values and objectives are documented for the organisation. Annual goals, specific to Bupa Tasman Care have been determined. These goals link to the overarching Bupa strategic plan and are regularly reviewed.</p> <p>The care home manager has been in his role since July 2016. His extensive experience in managerial roles does not include roles in the health and disability sector. He shadowed an experienced care home manager for three weeks as part of his orientation. He is supported by a clinical manager/registered nurse (RN) who has worked for Bupa for eight years and has been in her role at Bupa Tasman Care for three months. She is currently working towards a master's degree in advanced nursing.</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 1.2.3: Quality And Risk Management</p>  | <p>PA Low</p> | <p>A quality and risk management programme is in place. Interviews with the care home manager, clinical manager</p>  |

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| <p><b>Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>   |           | <p>and staff reflected their understanding of the quality and risk management systems that have been implemented.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, and collation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality data is benchmarked against other similar Bupa facilities. Missing is evidence that the collated data has been trended to identify any variances.</p> <p>Corrective actions are routinely documented where opportunities for improvements have been identified. Corrective actions around quality data results are resident-specific. There is evidence that they have been implemented and signed off by a manager when completed. This is an improvement from the previous audit.</p> <p>Falls prevention strategies are in place that include the identification of interventions on a case-by-case basis to minimise future falls.</p> <p>A health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety Plan. Health and safety goals are reviewed quarterly. A health and safety officer has not been appointed. The care home manager is fulfilling this role in the interim. Hazard identification forms and a hazard register are in place. The hazard register is overdue for review.</p> |
| <p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p> | <p>FA</p> | <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the quality and risk management programme and is used for comparative purposes (link to finding 1.2.3.6). Fifteen accident/incident forms were randomly selected for review. Each event involving a resident reflected a clinical assessment and follow-up by a RN. Neurological observations are completed for any unwitnessed fall or suspected injury to the head.</p> <p>The care home manager and clinical manager are aware of their responsibilities to notify relevant authorities in relation to essential notifications.</p>  |

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| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | <p>PA<br/>Moderate</p> | <p>Human resource policies cover recruitment, selection, orientation, and staff training and development. Five staff files reviewed (one clinical manager/RN, one staff RN, three caregivers) evidenced implementation of the recruitment process, employment contracts, and annual performance appraisals. Current practising certificates for all health professionals are maintained.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. This programme is developed specifically to worker type and includes documented competencies. New staff are also buddied with experienced staff for a period of time. Newly appointed caregivers complete an orientation booklet that has been aligned with foundation skills unit standards. Missing, was evidence of caregivers submitting their completed workbooks with the required timeframe.</p> <p>There is an annual education and training schedule that is being implemented. Opportunistic education is provided via toolbox talks. Core competencies are completed annually with a record of completion maintained. RNs complete annual competencies specific to their role including but not limited to medication management. Five of nine RNs have completed their InterRAI training. Missing was evidence of the availability of staff trained in first aid/CPR on all night shifts.</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>There is an organisational staffing policy that aligns with contractual requirements. The care home manager and clinical manager are available during weekdays. The clinical manager provides clinical oversight.</p> <p>There are 72 dual-purpose beds located on three floors. Floor one, had 21 rest home residents and is staffed with an RN on the AM shift and shares an RN on the PM shift. This is an improvement from the previous audit. Floor two, has three rest home and 20 hospital level residents. An RN is staffed on the AM and PM shifts. This RN also covers floor one during the PM shift. Floor three, had 17 hospital level and three rest home level residents and is staffed with an RN on the AM and PM shifts. One RN covers the entire facility during the night shift. Interviews with residents and family confirmed that staffing levels were adequate to safely meet their needs.</p> <p>There is an organisational staffing policy that aligns with contractual requirements. The care home manager and clinical manager are available during weekdays. The clinical manager provides clinical oversight.</p>  |
| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current</p>   | <p>PA Low</p>          | <p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service uses an electronic medication management system. The RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. The medication rooms in all three areas are clean and well organised. The medication fridges have temperatures recorded daily and these are within acceptable ranges.</p> <p>Registered nurses and senior caregivers responsible for the administering of medications have completed annual</p>  |

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| <p>legislative requirements and safe practice guidelines.</p>   |               | <p>medication competencies and annual medication education. Registered nurses have completed syringe driver competency. The lunchtime medication round was observed on level two and was completed correctly. Twelve medication charts were reviewed (a selection from each area/level). Photo identification and allergy status were on all twelve charts. All medication charts had been reviewed by the GP at least three monthly. All electronic resident medication administration-signing sheets corresponded with the medication chart. Indication for use of 'as required' medications was documented on electronic medication charts. This finding from the previous audit has been addressed. There is a process for checking that stored medications are within their expiry date. However, expired medications were found in the treatment room on level two.</p> <p>Anti-psychotic management plans are used for residents using anti-psychotic medications when medications are commenced, discontinued or changed. The general practitioner reviews the anti-psychotic management plans.</p>   |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | <p>FA</p>     | <p>The kitchen manager oversees the food services and is supported by kitchen staff on duty each day. The national menus have been audited and approved by an external dietitian. The main meal is at lunchtime. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in bain-maries to each kitchenette where they are served. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed, and alternative choices for dislikes are accommodated. There is evidence of residents' cultural nutritional needs being met.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from bain-maries are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>Food services staff have completed on-site food safety education and chemical safety.</p> |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>                        | <p>PA Low</p> | <p>Residents and families interviewed reported their needs were being met. Family members interviewed praised the service, the care staff and the new management team. There was documented evidence of relative contact for any changes to resident health status.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.</p> <p>The previous audit identified that the interventions documented in care plans had not been fully implemented, a</p>   |

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|   |           | <p>review of care plans, progress notes and monitoring charts evidences that this finding has been addressed (however also link 1.3.3.3).</p> <p>Comprehensive wound assessment, wound management and evaluation forms and short-term care plans were not in place for wounds.</p> <p>On the day of audit, there were 12 wounds documented for the rest home and hospital residents (over three floors). The wound care specialist had reviewed the more serious wounds and wound care plans reflected the specialist input. There were five pressure injuries being treated; three unstageable, one stage-2 and one stage-1.</p> <p>Monitoring charts were in use; examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts, restraint monitoring and behaviour monitoring as required. Turning charts and observation charts were completed to evidence that monitoring was consistently being carried out in the prescribed timeframe.</p>   |
| <p>Standard 1.3.7:<br/>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 activities team is led by an experienced activity coordinator. The facility is currently recruiting for an activity assistant to assist with the delivery of the activity programme.</p> <p>The integrated programme for rest home and hospital level of care residents takes place on level two for group activities. Residents from floors one and three were brought to the large lounge area on level two by care staff. Residents were observed to be provided with and enjoying a range of group activities during the audit, which included an exercise programme, crafts and entertainment. There are resources available for care staff to use for one-on-one time with the residents. Residents interviewed reported that the activities programme was varied and that staff ensured that they were reminded and/or assisted to come to the lounge area on level two to join in group activities of interest. The residents interviewed confirmed that although the main group activities take place on the second floor, activities take place in all areas. This finding from the previous audit has been addressed.</p> <p>The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the 'My Day My Way' care plan, and was evidenced to be reviewed at the same time as the care plan in four permanent resident files reviewed.</p> |
| <p>Standard 1.3.8:<br/>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and</p>   | <p>FA</p> | <p>Care plans reviewed had been evaluated by registered nurses six monthly. There is a comprehensive multi-disciplinary review documented. The multi-disciplinary review involves the RN, GP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. There is at least a three monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multi-disciplinary care plan reviews and GP visits.</p> <p>Written evaluations describe the resident's progress against the resident's identified goals. InterRAI assessments</p>   |

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| timely manner.   |    | have been utilised in conjunction with the six monthly reviews. 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.  |
| Standard 1.4.2: Facility Specifications<br><br>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.                              | FA | A current building warrant of fitness is posted in a visible location (expiry date 16 June 2017).   |
| Standard 3.5: Surveillance<br><br>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | <p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality and staff meetings. Benchmarking occurs against other Bupa facilities.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> |
| Standard 2.1.1: Restraint minimisation<br><br>Services demonstrate that the use of restraint is actively minimised.  | FA | <p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. Interviews with staff confirmed their understanding of restraints and enablers. The clinical manager is the restraint coordinator until a suitable replacement can be identified.</p> <p>On the day of audit, the service had one resident using restraint. No residents were using an enabler. There are clear guidelines in the policy to determine what a restraint and what an enabler are. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, Bupa regional restraint meetings and at an organisational level.</p>  |

## Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome   | Attainment Rating | Audit Evidence  | Audit Finding   | Corrective action required and timeframe for completion (days)  |
|--|-------------------|---|---|---|
| <p>Criterion 1.2.3.6</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>Internal audits are completed as per the 2016 internal audit schedule. This includes a six-monthly ‘facility health check’ which is completed by an external Bupa employee trained in quality and auditing processes. The monthly monitoring, and collation of quality and risk data includes (but is not limited to) residents’ falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. Data is benchmarked against other Bupa facilities. Missing is evidence of the data being trended and analysed to accurately identify areas for improvements.</p> | <p>A comprehensive range of quality and risk data is collected and collated each month but evidence of the data being trended or analysed is missing.</p> | <p>Ensure quality and risk data reflects any trends and analysis to assist in identifying areas for improvement.</p> <p>90 days</p> |

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| <p>Criterion 1.2.3.9</p> <p>Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:</p> <p>(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p> | PA Low      | <p>A health and safety programme, which is governed at a Bupa organisational level, is being implemented by the service. Health and safety goals are identified for the service. These goals are reviewed every quarter. The care home manager reports that a health and safety officer has not been appointed and that he is undertaking this role at present. He reports that he has not undergone health and safety training for 'many years' and that since his appointment, the focus has been on care delivery. Hazard identification forms are available at the nursing stations. The hazard register is overdue for its annual review.</p> | <p>A trained health and safety officer has not been appointed to the service. The hazard register is overdue for review.</p>   | <p>Ensure a health and safety officer is appointed, who receives training on this role and its responsibilities. Ensure the hazard register is reviewed a minimum of annually.</p> <p>90 days</p> |
| <p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>   | PA Low      | <p>An orientation programme is in place for new staff. Evidence of a completed orientation programme was sighted in two RN files but was available in only one of four caregiver files. (Note: the caregiver sample size was increased). Caregivers interviewed confirmed that the orientation programme was comprehensive but that they sometimes forget to hand in their completed paperwork.</p>  | <p>Evidence of completed orientation programmes was missing in four of five caregiver staff files. (Note: sample size expanded). Caregivers confirmed that the orientation programme was robust.</p> | <p>Ensure all caregivers submit their orientation workbooks within the first three months of their employment.</p> <p>90 days</p>   |
| <p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>  | PA Moderate | <p>Bupa has developed a comprehensive education and training programme for staff that includes in-services, toolbox talks during staff handovers, and annual competencies. Missing was evidence to confirm that a staff member trained in first aid/CPR is available</p>   | <p>The night shift does not always have at least one staff member with a current first aid/CPR certificate on duty.</p>  | <p>Ensure a minimum of one staff is available 24/7 with a current first aid/CPR</p>   |



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|   |        |   | has been identified as low risk.                                  |   |
| <p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p> | PA Low | <p>Appropriate wound management was documented and implemented for all minor wounds. Pressure injury assessments, management and the management of associated risks were documented in care plans.</p> <p>Wound assessments were not evidenced to be fully completed to describe the wound.</p> | Three initial wound assessments did not fully describe the wound. | <p>Ensure wound assessments are fully completed for all wounds, and that all wounds are entered onto the wound register.</p> <p>60 days</p> |

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.