

# Bupa Care Services NZ Limited - Gladys Mary Rest Home

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## 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited	
<b>Premises audited:</b>	Gladys Mary Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care	
<b>Dates of audit:</b>	Start date: 31 January 2017	End date: 1 February 2017
<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>	37	

# 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

Gladys Mary Rest Home is part of the Bupa group. The service is certified to provide rest home, and dementia level care for up to 38 residents. There were 37 residents on the day of audit.

This certification audit was conducted against the health and disability standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management.

The care home manager has over nine years experience in aged care and management. Staff turnover remains low. There are well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for residents. Implementation is supported through the Bupa quality and risk management programme that is individualised to Gladys Mary.

A continuous improvement has been achieved in quality and risk around the falls prevention programme and reducing skin tears. There are two improvements required around dementia standards training, and medication management.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Bupa Gladys Mary endeavours to provide care in a way that focuses on the individual residents' quality of life. There is a Māori Health Plan and implemented policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is readily available to residents and families. Policies are implemented to support residents' rights. Annual staff training supports staff understanding of residents' rights. Complaints processes are implemented and complaints and concerns are managed and 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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Gladys Mary has an established quality and risk management system that supports the provision of clinical care and support. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Four benchmarking groups across the

organisation are established for rest home, hospital, dementia, psychogeriatric and mental health services. Gladys Mary is benchmarked in two of these (rest home and dementia). There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

## Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is a comprehensive admission package available prior to or on entry to the service. Resident records reviewed provide evidence that the clinical manager utilises the InterRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files include three monthly reviews by a general practitioner. There is evidence of other allied health professional input into resident care.

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

An activities programme is implemented separately for the rest home and dementia 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. Nutritious snacks are available 24/7 in the dementia unit.

Residents and family interviewed were satisfied with the menu and alternative choices that 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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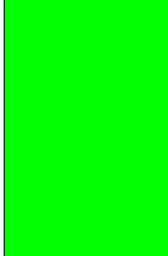
Chemicals are stored securely throughout the facility. The building holds a current warrant of fitness. Resident rooms are single, spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty on each shift. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures are monitored.

## Restraint minimisation and safe practice

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

## Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer (clinical manager) 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 receive ongoing training in infection control.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	43	0	1	1	0	0
<b>Criteria</b>	1	90	0	1	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. The policy relating to the Code is implemented and staff could describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with two caregivers, one activity coordinator, clinical manager and care home manager, 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 consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consents obtained on admission were sighted in the seven resident files reviewed (three dementia and four rest home). Advance directives if known were on the residents' files. Resuscitation plans for competent residents were appropriately signed. Copies of enduring power of attorney (EPOA) were in resident files for residents deemed incompetent to make decisions.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Residents and relatives interviewed confirmed they have been made aware of and fully understand informed consent processes and confirmed that appropriate information had</p>

		<p>been provided.</p> <p>Long-term resident's files reviewed had a signed admission agreement or were in the process of being signed.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information about the national Health and Disability Advocacy service 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 receive 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 may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. Resident and relative 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 at entry to the service. A record of all complaints received is maintained by the care home manager using a complaints' register. Five complaints made in 2016 were reviewed and reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken. All five complaints were signed off by the care home manager as resolved. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC). Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at reception.</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 the clinical manager discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are held during the resident/family meetings. Six residents and three relatives (one rest home and two dementia level) interviewed reported that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their</p>

		understanding of the Code and its application to aged residential care.
<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	Residents are treated with dignity and respect. Privacy is ensured and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. 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 received training in August 2016. All resident files reviewed evidenced that cultural and/or spiritual values and individual preferences are identified.
<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	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. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. Two residents who identify as Māori are living at the facility. Māori consultation is available through the Ngati Kahungunuiwi links and Māori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. Caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.
<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	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. 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. All care plans reviewed included the resident's spiritual and cultural needs.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	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 and training sessions, staff meetings and performance management if there is infringement with the person concerned. Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with two caregivers could describe how they build a

		supportive relationship with each resident. Interviews with two families from the dementia unit confirmed that staff are reassuring and assist to relieve resident's anxiety.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Evidence-based practice is evident, promoting and encouraging good practice. The care home manager and clinical manager are registered nurses and cover on-call during weekends. A house GP visits the facility one day per week and provides an after-hours service. The GP interviewed was satisfied with the level of care that is being provided. The service receives support from the local district health board (DHB), which includes nurse specialist's visits. Physiotherapy services are provided on request. The service has links with the local community and encourages residents to remain independent. Bupa has established benchmarking groups for rest home, hospital and dementia services. Bupa Gladys Mary is benchmarked against the rest home and dementia services data. If the results are above the benchmark, a corrective action plan is developed by the service. The service demonstrated a number of examples of good practice including not using any restraint.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Policies and procedures relating to accident/incidents and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Fifteen accident/incident forms reviewed evidenced that family were notified. Admission information details next of kin wishes in regards to notification of accidents/incidents. Relatives interviewed stated they were notified of any changes to the resident's health including incidents/accidents. An interpreter policy is in place. Interpreter services are used where indicated. 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.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Bupa Gladys Mary is certified to provide rest home and dementia level care for up to 38 residents. On the days of audit there were 37 residents, 22 (of 23 beds) rest home residents and 15 (of 15 beds) dementia care residents. A vision, mission statement and objectives are in place. Annual goals for the facility were determined in January 2017, which link to the overarching Bupa strategic plan. Goals include (but not limited to) falls reduction and safe manual handling and reducing the rate of respiratory infections. Progress towards meeting the goals are reviewed regularly and recorded.  The care home manager has been in the role for three years. She is a registered nurse with a current practicing certificate, holds a master of nursing degree and has nine years aged care

		<p>experience. The care home manager is supported by an experienced clinical manager/RN who has been in the role for seven months. The management team are supported by a regional operations manager and the Quality and Risk team at head office. Benchmarking occurs with other Bupa facilities.</p> <p>The care home manager has maintained over eight hours annually of professional development activities relating to managing an aged care service, which includes attendance at Bupa manager days and conferences.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During the temporary absence of the care home manager, the clinical manager or Bupa relieving care home manager covers the care home manager's role.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A quality and risk management programme is in place. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. 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, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure injuries, wounds and medication errors. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are being implemented and signed off by the care home manager when completed.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the health and safety committee. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. An</p>

		<p>employee 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 regularly.</p> <p>As a result of data analysis completed on falls, the facility has implemented a number of quality improvements. The facility had implemented a quality improvement to reduce the number of falls and skin tears in 2016. These goals were evidenced to be achieved (link to 1.3.6.1). Falls prevention strategies include the recent formation of a falls focus and skin tear prevention group, manual handling refresher education for all care staff, ensuring transfer plans are current, intentional rounding, use of senior mats, analysis of falls events including times and location of falls and links to any infection/period of illness and the identification of interventions on a case-by-case basis to minimise future falls.</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>	FA	<p>Individual reports are completed for each incident/accident with immediate action and timely assessment undertaken by the clinical manager. Fifteen accident/incident forms from December 2016 and January 2017 (nine dementia level of care and six rest home care) were reviewed. Neurological observations are conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. The care home manager is aware of their requirement to notify relevant authorities in relation to essential notifications.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Six staff files reviewed (one care home manager, one clinical manager, two caregivers, one activities coordinator and one cook) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of practising certificates is maintained.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction.</p> <p>The care home manager and clinical manager are both InterRAI trained. The administration staff have attended InterRAI training around admission procedures and the activity coordinator has attended training around the activities sections of the InterRAI assessment. A total of twenty caregivers are employed to work in the dementia unit with 18 having completed their national dementia qualification. One caregiver is in the process of completing their dementia standards</p>

		qualification and has been employed for less than 12 months. One caregiver is enrolled to complete their dementia standards qualification, however commenced work over the 12 month period.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. The care home manager and clinical manager are registered nurses who are available during weekdays and are on-call 24/7. There are two caregivers working in the rest home on the AM and PM shifts and also two caregivers working in the dementia unit on the AM and PM shifts. At night there is one caregiver rostered in the rest home and one in the dementia unit. Interviews with two relatives from the dementia unit, one from the rest home and six rest home residents all confirmed that staffing numbers were good. Caregivers interviewed stated that staffing levels were adequate.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrate service integration with only medication charts held in a separate folder.
<p>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	There are policies and procedures to safely guide service provision and entry to services, including a comprehensive admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/whānau at entry. The admission agreement reviewed aligns with the service's contracts. Seven admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit,</p>	FA	The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. All appropriate documentation and communication was completed. Transfer to the hospital and back

discharge, or transfer from services.		to the facility post-discharge, was well documented in progress notes.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The clinical manager checks all medications on delivery against the medication profile and any pharmacy errors recorded and fed back to the supplying pharmacy.</p> <p>The clinical manager and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. The standing orders have been approved by the GPs annually and meet the legislative requirements for standing orders. There were four rest home residents self-medicating on the day of audit. Self-medicating competency, three monthly reviews and monitoring were in place. The medication fridge temperatures have been consistently recorded.</p> <p>Fourteen medication charts were reviewed (seven rest home and seven dementia). Photo identification and allergy status was on all fourteen charts. All medication charts had been reviewed by the GP at least three monthly. Twelve of fourteen resident medication administration signing sheets corresponded with the medication chart. Indications for use of 'as required' medication were not consistently documented on medication charts reviewed.</p> <p>Anti-psychotic management plans are used for residents in the dementia unit when medications are commenced, discontinued or changed. The GP reviews the anti-psychotic management plans at least monthly or earlier and if required makes a referral to the psychiatric older people services.</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>Bupa policies and procedures are available. The kitchen manager oversees the food services and is supported by a cook and kitchenhands. The national menus have been audited and approved by an external dietitian. The main meal is served at lunchtime. All baking and meals are cooked on site in the main kitchen. Meals are delivered in bain-maries or hot boxes to the kitchenettes in each area 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.</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 and freezer temperatures are monitored and recorded daily. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained. Food services staff</p>

		<p>have complete on site food safety education and chemical safety.</p> <p>There are specialised crockery such as lip plates and mugs and utensils to promote resident independence with meals. There are nutritional snacks available in the dementia unit 24 hours.</p> <p>Residents have the opportunity to provide feedback on the menu and food services through the resident meeting, which the chef attends. Meeting minutes are available to the food services team.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The facility has embedded the InterRAI assessment protocols within its current documentation. Bupa assessment booklets on admission and care plan templates were comprehensively completed and reviewed six monthly as part of the evaluation. Additional assessments for management of behaviour, and wound care were completed according to need. InterRAI initial assessments and assessment summaries were evident in printed format in all long-term resident files. The information obtained through the assessment processes is reflected in the care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed demonstrated service integration and input from allied health. The resident care plans sampled were individualised and addressed all identified care needs. Care plans were amended to reflect changes in health status and were reviewed on a regular basis. The residents in the dementia unit had an activity care plan documented to cover the 24-hour period.</p> <p>Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	FA	<p>The care plans reviewed included interventions that reflected the resident's current needs. When a resident's condition changes, the clinical manager initiates a GP visit or nursing specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>care and support met their expectations for their relative. 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. Caregivers and the clinical manager interviewed state there is adequate continence and wound care supplies.</p> <p>Wound assessment, wound management and evaluation forms and short-term care plans were in place for three wounds (rest home) care files sampled (one stage-2 facility acquired pressure injury, one skin tear and one SCC). There were no residents with wounds in the dementia unit.</p> <p>Pressure relieving equipment sighted included pressure relieving mattresses, pressure relieving cushions and limb protectors.</p> <p>The facility had implemented a quality improvement to reduce the number of falls and skin tears in 2016. These goals were evidenced to be achieved (link to 1.2.3.6).</p> <p>Behaviour monitoring charts are used daily for any residents that exhibit challenging behaviours. These behaviours, their triggers and de-escalation techniques were identified through the assessment process with management plans implemented with evidence of regular evaluations.</p> <p>Monitoring charts sighted included (but not limited to), vital signs, blood glucose, pain, food and fluid, and behaviour monitoring.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs an activity coordinator to deliver a separate programme across the two service levels Monday to Friday. Bupa has set activities on the programme calendar with the flexibility to add site-specific activities, entertainers and outings.</p> <p>Activities meet the abilities of the rest home, and dementia residents. One-on-one time is spent with residents who are unable to or choose not to join in the group activities. Activities were observed to be delivered in the rest home in the mornings and afternoon in the dementia unit. Dementia residents are encouraged (where appropriate) to join in activities in the rest home under supervision. There is an activity programme in place that covers the 24 hour period for residents in the dementia unit.</p> <p>The activity coordinator has completed the required dementia unit standards and holds a current first aid certificate.</p> <p>Residents are encouraged to maintain links with the community with visits to the local shops, maraes and other community groups. There are regular entertainers to the home and residents go on regular</p>

		<p>outings and drives. The service has a van which is able to accommodate mobility aids.</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 long-term care plan and was evidenced to be reviewed six monthly in all resident files reviewed.</p> <p>Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. A quality improvement project around activities has been implemented as a result of resident feedback.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by the clinical manager six monthly, or when changes to care occurred in all resident files reviewed. Written evaluations describe the resident's progress against the resident's identified goals. InterRAI assessments 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. The multidisciplinary review involves the RN, GP, activity coordinator 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 multidisciplinary care plan reviews and GP visits.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed and the resident was reassessed for a different level of care (see tracer 1.3.3.1). Discussion with the clinical manager and care home manager 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,</p>	FA	<p>There is a chemical/substance safety policy and waste management policy. Management of waste and hazardous substances is covered during orientation of new staff. Chemicals are stored safely in a locked cupboard. Safety datasheets and product wall charts are available. All chemicals were labelled correctly. Approved sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and goggles are available for staff at the point of use. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff were observed to be wearing appropriate personal protective clothing when carrying out their</p>

generated during service delivery.		duties. There is a chemical spills kit available. Staff have attended chemical safety training.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness which expires on 3 November 2017. The building is single storey. There are three rooms in the rest home adjacent to the dementia unit which can be used as dementia level care beds. There is a secure set of doors with key pad lock (at the entrance to this wing) which can be closed and the current secure doors to the unit can be opened to increase the size of the dementia unit. The corridors and rails promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens are maintained. There is outdoor furniture and seating and shaded areas. The dementia unit has a safe indoor and outdoor environment with a patio, seating, shade and gardens. This is a no smoking site.</p> <p>Electrical equipment has been tested and tagged. Reactive and preventative maintenance occurs. There is a 52-week planned maintenance programme in place. Hot water temperatures were monitored monthly. All medical equipment sighted was calibrated in November 2016. The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans, necessary to provide care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are shared toilet and shower facilities located near the bedrooms. There are adequate numbers of communal toilets and shower rooms. Toilets have privacy locks. There is appropriate signage, easy clean flooring and fixtures, and handrails appropriately placed. Residents interviewed report their privacy is maintained at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All bedrooms are single and are spacious enough to manoeuvre transferring and mobility equipment, to deliver the assessed level of care. Residents are encouraged to personalise their bedrooms as desired.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas within the facility include open plan lounges and dining areas in each unit. There is a family room located in the dementia unit. The communal areas are easily accessible for residents. There is a quiet room available for the residents.</p> <p>Residents (as able) were observed to be moving freely with the use of mobility aids. Furniture was well arranged to facilitate this. All dining rooms and lounges can accommodate specialised lounge chairs. Seating and space is arranged to allow both individual and group activities to occur in each area.</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>All laundry and personal clothing is laundered on site. There are designated laundry personnel. There are defined clean/dirty areas. Cleaners' trolleys are stored in locked areas when not in use. There were adequate linen supplies sighted in the facility linen-store cupboards. Internal audits monitor the effectiveness of laundry and cleaning processes. The chemical provider audits the effectiveness of chemicals for laundry and cleaning services.</p> <p>Residents and relatives interviewed are happy with the laundry and cleaning services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are emergency/disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. The facility has an approved fire evacuation plan and fire drills occur six-monthly. The last fire evacuation drill occurred on 1 December 2016. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative gas facilities for cooking in the event of a power failure, with a backup system for emergency lighting and battery backup. There are civil defence kits in the facility and stored water. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. The facility is secured at night and security patrols are conducted by a security firm at night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and</p>	<p>FA</p>	<p>The facility has heat pumps and air conditioning in the communal areas. Ceiling radiators were observed in resident's rooms. All communal areas and bedrooms are well ventilated and light. Residents and family interviewed, stated the temperature of the facility is comfortable.</p>

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 care home manager is the infection control officer and is responsible for infection control across the facility. The committee and the Bupa governing body are responsible for the development of the infection control programme and its review. The infection control programme is well established at Bupa Gladys Mary. The infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, public health and the Bupa quality &amp; risk team.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Bupa Gladys Mary. The infection control (IC) officer has maintained best practice by attending external infection control seminars. The infection control team is representative of the facility. External resources and support are available through the Bupa quality &amp; risk team when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The 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>Standard 3.4: Education</p> <p>The organisation provides relevant</p>	FA	<p>The infection control officer is responsible for coordinating/providing education and training to staff. Orientation package includes specific training around hand hygiene and standard precautions. Infection control training is regularly held, including (but not limited to) outbreak management (April</p>

<p>education on infection control to all service providers, support staff, and consumers.</p>		<p>2016), and infection prevention &amp; control and hand hygiene in November 2016.</p> <p>The infection control officer has access to the Bupa intranet with resources, guidelines best practice and group benchmarking. A number of toolbox talks have been provided including (but not limited to) preventing UTIs and hand hygiene.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and the infection control practitioner at the DHB that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infections statistics are included for benchmarking. Corrective actions are established where trends are identified. There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregivers confirm their understanding of restraints and enablers. The service remains restraint and enabler free.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	A total of twenty caregivers are employed to work in the dementia unit with eighteen having completed their national dementia qualification. One caregiver is in the process of completing their dementia standards qualification and has been employed for less than 12 months. One caregiver has not completed the required dementia standards.	A total of twenty caregivers are employed to work in the dementia unit. One caregiver has not completed the dementia standards and has worked in the unit for longer than 12 months.	<p>Ensure all caregivers working in the dementia unit have completed the required standards as per the ARC contract.</p> <p>90 days</p>

<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>The services medication management policy outlines the policies and practices to be followed in relation to medication management. Staff interviewed who administer medication could describe safe medication management and administration practices. Medication is stored in locked trolleys in locked rooms in each clinical area. There is a process in place for the reconciliation of medication including the checking of new medication packs and for the return of medication to pharmacy. The medication fridge temperatures were evidenced to be checked and recoded daily. Two of fourteen medication signing charts did not align with the medication chart. Three of fourteen medication charts did not document the indications for the use of 'as needed' medication prescribed.</p>	<p>(i) Three of fourteen medication charts reviewed (two dementia and one rest home) did not document the indication for use of prescribed 'as required' medication; and</p> <p>(ii) Two medication signing charts (dementia) did not evidence that medication (nutritional supplement) had been given as prescribed.</p>	<p>(i) Ensure indications for use of 'as needed' medications are documented on medication charts, to include any extra guidance to ensure safe administration. (ii) Ensure medications are administered as prescribed.</p> <p>60 days</p>
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## 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 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI		<p>Gladys Mary is active in analysing data collected monthly, around accidents and incidents, infection control, restraint etc. Example: Falls were noted to be high in 2015; statistics showed that they were above the organisational benchmark for falls in the rest home. As part of their corrective actions, they started a falls focus group. The group analyses the incidents further, to assist in identifying any trends and looks at additional activities that would focus on these trends and reduce their rate of falls. They sourced and then distributed falls preventative information via the residents’ newsletter and also displayed this information on the residents’ noticeboards as a point of focus.</p> <p>Additional education for staff around moving and handling training was provided in order to capture as many of the qualified nurses and caregiving staff as possible. Ensure thorough assessment and review of resident’s mobility and transfer needs and ensure care staff are aware. Education sessions via toolbox talks were delivered by RNs to care staff during handovers. This information covered fluid intake and for residents to be invited to join exercise classes/programme in the facility. The GP was spoken to about all residents who were assessed as high risk and prescriptions for Vitamin D supplements were completed. The service uses sensor mats for any residents who are at high risk of falling if transferring unattended.</p> <p>On evaluation of the effectiveness of these measures, they noted a drop in falls incidents in the rest home in from 1st July to end of December 2016, 43, falls were recorded compared to 57 falls in the</p>

			<p>previous six month period in 2015. These findings were discussed at the upcoming clinical and quality meetings and monthly residents' newsletters.</p> <p>Another quality initiative has been established around, decreasing skin tears for residents in the rest home by 50%. Strategies have been implemented and evaluations to date show: From the 1st July to the end of December 2016 there were 7 skin tears recorded compared to the previous six month period in 2015 when there were 22, so there has been a significant reduction seen.</p>
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End of the report.