

Bupa Care Services NZ Limited - Rahiri Lifestyle Care & Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Rahiri Lifestyle Care and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 April 2017 End date: 20 April 2017
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	47

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Rahiri is certified to provide rest home, hospital and dementia level of care for up to 49 residents. There are 38 dual purpose beds (rest home and hospital) and an eight-bed dementia unit. At the time of the audit there were 47 residents.

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

The previous care home manager has recently retired and an experienced Bupa relieving care home manager is currently managing the facility until a new manager is appointed. She is supported by an experienced clinical manager who has been in the role for five years.

Residents, relatives and the GP interviewed spoke positively about the service.

This certification audit identified that improvements are required in relation to complaints management; internal audit process; nursing assessments and maintenance documentation.

There is one area of continuous improvement awarded around the activities programme.

Consumer rights

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

Bupa Rahiri endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrated an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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.
---	--	---

Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Quality/health and safety goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded in practice. 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. An education and training plan is being implemented and includes in-service education and competency assessments.

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 low risk.</p>
---	--	--

There is a comprehensive admission package available prior to or on entry to the service, including individual information for the dementia unit. Residents' records reviewed provide evidence that the registered nurses (RNs) utilise 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. Residents' files include three-monthly reviews by the 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 complete education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three-monthly by the general practitioner (GP).

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities.

All food and baking is done on-site. 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.		Some standards applicable to this service partially attained and of low risk.
--	--	---

A current building warrant of fitness certificate is posted at the entrance to the facility. There is an approved evacuation scheme and emergency supplies for at least three days. A first aid trained staff member is on duty at all times. All bedrooms are single occupancy with adequate numbers of toilets and showers. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe, easily accessible and secure in the dementia unit.

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.
---	--	--

There is a restraint policy in place that states the organisations philosophy to restraint minimisation. There were no residents who required enablers or restraints during the audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

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 (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	40	0	4	0	0	0
Criteria	1	88	0	4	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The 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 staff (three caregivers, three registered nurses (RN), one activities coordinator, the clinical manager and relieving 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 residents' files reviewed. 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>Resident files reviewed contained a completed admission agreement.</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 and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. They have also created ongoing relationships with community groups that visit Bupa Rahiri. Resident and relative meetings are held bi-monthly. Monthly 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>	PA Low	<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. 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. Nine complaints made in 2016 and four received in 2017 year to date were reviewed. Not all complaints reviewed had documented evidence of any follow up, feedback to the complainant or outcome resolution.</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 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. Eight residents (six rest home and two hospital) and six relatives (four hospital and two dementia care) interviewed reported that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>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. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and church services are held. There is a policy on abuse and neglect and staff have received training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. At the time of the audit, there were two residents who identified as Māori living at the facility. One Māori resident interviewed confirmed that Māori cultural values and beliefs are being met. Māori consultation is available through the documented iwi 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>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. 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. Care plans reviewed included the resident's spiritual and cultural needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. 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.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. One general practitioner (GP) interviewed was satisfied with the level of care that is being provided. The service receives support from the district health board, which includes nurse specialist's visits. Physiotherapy services are available as requested. There is a regular in-service education and training programme for staff. The service has links with the local community and encourages residents to remain independent. Bupa has established benchmarking groups for rest home, hospital, dementia and psychogeriatric/mental health services. Bupa Rahiri is benchmarked against the rest home, hospital 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.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fourteen accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. An introduction to the dementia unit booklet provides information for family, friends and visitors visiting the facility. This booklet is included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Rahiri is certified to provide rest home, hospital (medical and geriatric) and dementia level of care for up to 49 residents. There are 38 dual-purpose beds (rest home and hospital). In addition, there are three rooms in the rest home which are smaller and are used for mobile rest home residents and an eight-bed dementia unit. At the time of the audit there were a total of 47 residents (20 rest home residents including 1 younger person's resident under 65 years of age (YPD), 19 hospital residents and 8 dementia level of care residents). There were no residents under other contracts or on respite.</p>

		<p>Bupa's overall vision is "Taking care of the lives in our hands". Six key values are displayed on the wall. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Bupa Rahiri has set specific quality goals for 2017. Progress with the quality assurance and risk management programme is monitored through the Bupa managers' meetings and various facility meetings. Monthly and annual reviews are completed for all areas of service. The organisation has a clinical governance group, which meets two-monthly. Bupa has robust quality and risk management systems implemented across its facilities with four benchmarking groups established for rest home, hospital, dementia and psychogeriatric/mental health services.</p> <p>During the audit, a relieving care home manager, who has been with Bupa for nine years and one year as a care home manager at another Bupa facility is managing the facility. She is supported by a clinical manager who has been in this position for five years. Care home managers and clinical managers attend annual organisational forums and regional forums six-monthly. The regional operations manager visits monthly and more often if required.</p> <p>The relieving care home manager has completed in excess of eight hours of professional development in the past twelve months.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During the temporary absence of the care home manager, the clinical manager or a 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>	<p>PA Low</p>	<p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa regional operations manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes.</p> <p>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</p>

		<p>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. Internal audits that were not fully compliant, did not always have corrective actions initiated or completed. The resident satisfaction survey for 2016 was at 91% overall satisfaction, which remained as the same result as the resident satisfaction survey in 2015.</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. The health and safety officer (service worker team leader) was interviewed about the health and safety programme. 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 employee health and safety programme (Bfit) is in place, which is linked to the overarching Bupa national health and safety plan. Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Fourteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Data collected on incident and accident forms are linked to the quality management system. The relieving care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications with examples provided.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements</p>	FA	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Eight staff files reviewed (one clinical manager, two RNs, three caregivers, one enrolled nurse and one health and safety officer) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p>

<p>of legislation.</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. A total of ten caregivers are employed to work in the dementia unit with nine having completed their national dementia qualification. The one caregiver is in the process of completing her qualification and has been employed for less than twelve months.</p> <p>Fifty-six percent of the total staff have attained at least one Bupa Personal Best certificate. Registered nurses are supported to maintain their professional competency. Seven registered nurses (including the clinical manager) are employed. Four of seven registered nurses have completed their interRAI training. There are a number of implemented competencies for registered nurses including (but not limited to) medication competencies and wound care.</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 and includes skill mixes. Rosters implement the staffing rationale. There is a full-time relieving care home manager and clinical manager. The clinical manager is on call 24/7 for any clinical issues and the relieving care home manager for any non-clinical issues. The rest home/hospital area is staffed with one registered nurse on each shift. Five caregivers are scheduled to work during the morning and afternoon shifts and two are scheduled to work night shift. In the dementia unit, (eight residents) there are two caregivers on the morning and afternoon shifts and one on the night shift. The interviews with residents and relatives confirmed staffing overall was satisfactory. Caregivers advise that sufficient staff are rostered on for each shift. All senior staff are trained in first aid.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being 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.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is</p>	<p>FA</p>	<p>There are overarching Bupa policies and procedures to safely guide service provision and entry to services, including a comprehensive admission policy. Information gathered on admission is retained</p>

<p>facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>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 including specific information regarding the dementia unit. 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> <p>All dementia residents have an assessment and allocation completed for this level of care.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made. One file reviewed was of a resident that had been transferred to hospital acutely. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was well documented in progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</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 are recorded and fed back to the supplying pharmacy. The medication rooms are clean and well organised. The medication fridges have temperatures recorded daily and these are within acceptable ranges.</p> <p>Staff responsible for the administering of medications have completed annual medication competencies and annual medication education. Fourteen medication charts were reviewed (four dementia, four rest home and six hospital). Photo identification and allergy status were on all 14 charts. All medication charts had been reviewed by the GP at least three-monthly. All resident electronic medication administration-signing sheets corresponded with the medication chart.</p> <p>Anti-psychotic management plans are used for residents using anti-psychotic medications when medications are commenced, discontinued or changed. The GP reviews the anti-psychotic management plans for residents with stable behaviours and refers to the psychogeriatrician to review the management plans for residents with acute changes in behaviour.</p>
<p>Standard 1.3.13: Nutrition, Safe</p>	<p>FA</p>	<p>The chef oversees the food services and is supported by kitchen staff on duty each day. The national</p>

<p>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>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-marie to the hospital kitchenette where they are served. The rest home dining room is adjacent to the main kitchen. The meals for the dementia unit are plated up in the kitchen and delivered to the unit. The chef 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 that additional nutritious snacks are available over 24 hours in all units.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from bain-marie 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 and cleaning schedules are maintained.</p> <p>The resident annual satisfaction survey monitors food satisfaction. The kitchen is included in the internal audit programme. Staff have been trained in safe food handling and chemical safety.</p> <p>Residents and relatives interviewed commented positively on the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is a policy in place regarding the process for declining entry. Consumers are declined entry when there are no beds available or, if the person has health needs that are not able to be provided by the facility. If a potential admission was declined entry, the consumer and where appropriate their family/whānau of choice, is informed of the reason for the decline and provided with other options where they can access services.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Low	<p>The interRAI initial assessments and reviews are evident in printed format in all resident files. Resident files reviewed identify that risk assessments have been completed on admission and reviewed six-monthly as part of the evaluation. Additional assessments for management of behaviour, pain, wound care, nutrition, depression score, falls and other safety assessments are appropriately completed according to need. For the resident files reviewed, the outcomes from assessments and risk assessments are mostly reflected into care plans.</p>
<p>Standard 1.3.5: Planning</p>	FA	<p>Care plans reviewed demonstrate service integration and input from allied health. All resident care</p>

<p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>plans sampled were resident-centred and most support needs were documented in detail (link to 1.3.4.2). Family members interviewed confirm care delivery and support by staff is consistent with their expectations. One hospital resident had a specific 'End of Life' care plan in place following a change in health status. Other specific care plans were implemented for specific health needs, including (but not limited to): dementia, medical needs, diabetes and chronic wounds.</p> <p>Short-term care plans were in use for changes in health status and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a range of specialist care professionals.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>There is specialist input into resident's well-being in the dementia unit. Strategies for the provisions of a low stimulus environment could be described by the care team.</p> <p>Residents and families interviewed reported their needs were being met. Family members interviewed praised the service, the care staff and the 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>Wound assessment, wound management and evaluation forms and short-term care plans were in place for wounds. All wound care plans included a short-term care plan and written progress notes to assist review and evaluation of the wound.</p> <p>One the day of audit, there were twelve wounds documented for the rest home and hospital and one surgical wound in the dementia unit. The wounds included skin tears, chronic ulcers and one healing unstageable pressure injury. The district wound care nurse specialist had reviewed the chronic, surgical and pressure injury wounds and wound care plans reflected the specialist input.</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 and behaviour monitoring as required.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	<p>CI</p>	<p>The service employs an activity coordinator who holds a qualification in aged care (ie, level 4 NZQA), has completed the dementia education programme "Walking in another's shoes", has a valid driver's licence and a current first aid certificate. She is employed for 32 hours a week and is supported by a</p>

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>group of 20 volunteers. The activity coordinator has access to Bupa diversional therapy (DT) team at head office and attends the regional DT/activities regional study days with training and education including guest speakers.</p> <p>Each resident has an individual activities programme, which is reviewed when their plan of care is reviewed and as part of their interRAI assessments. The YPD resident in the rest home has an activity plan in place that reflects the resident's interests and documents opportunities for the resident to be involved with community and friends.</p> <p>Staff in the dementia unit deliver the morning activity programme seven days per week and the activity coordinator completes the afternoon activity sessions between 3.30-4.30pm Monday to Friday.</p> <p>There are ranges of activities offered. There are separate rest home and hospital programmes with activities that meet the needs and preferences of the two resident groups. Variations to the group programme are made known to the residents. Individual programmes are delivered to residents in their rooms when they are unable to or choose not to participate in the group programme.</p> <p>The group programme covers physical, cognitive, social and spiritual needs. There are regular visiting entertainers and community groups. A garden project within the grounds of the facility has recently been completed. This has exceeded the standard. Targeted group programmes are offered as appropriate to meet the needs of subsets of residents. There is a church service held weekly and some residents attend church services in the community. Residents have the opportunity to go on outings using the service's van. A caregiver or a volunteer accompanies the activities coordinator on outings. The activities coordinator drives the van and she has a current drivers licence.</p> <p>Residents have the opportunity to provide feedback on the activity programme through the resident meetings and resident satisfaction surveys.</p> <p>Residents and relatives interviewed were satisfied with the activities programmes on offer.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans are evaluated by registered nurses six-monthly, or when changes to care occurred. In the sample of care plans reviewed, evaluations completed document progress towards the achievement of the desired goal or outcome. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing need. The six-monthly multidisciplinary resident review involves the RN, GP, activities staff, physiotherapist (if involved) and resident/family. The family are notified of the outcome of the review by phone call and if unable to attend, they receive a copy of the reviewed plans. There is at least a three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the</p>

		<p>multidisciplinary care plan reviews and GP visits.</p> <p>The staff are supported by a psychiatrist and specialist nurses from Mental Health Services for Older Persons, by the geriatric nurse specialists and by local district health board clinical nurse specialists.</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>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 higher or different level of care. Discussion with the clinical 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, generated during service delivery.</p>	FA	<p>There is an effective system of waste management in place. Chemicals are supplied by an external contractor and stored securely throughout the facility when not in use. Appropriate policies are available along with chemical product safety charts. Education on hazardous substances occurs at orientation and is included in the in-service training. There is appropriate signage throughout regarding chemical storage and hazards. There is personal protective equipment available for use by staff and this was in use on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The building holds a current warrant of fitness. There are proactive and reactive maintenance management plans in place, however there is no consistent record of maintenance having been completed as per Bupa policy. The maintenance person commenced the role in September 2016. Contracted providers test equipment. Electrical testing of non-hard wired equipment has been completed. Medical equipment requiring servicing and calibration was last conducted on 11 January 2017. There are hazard management systems in place to ensure the physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents and any visitors to the facility. Residents have adequate internal space to meet their needs. External areas are safe and well maintained. There is a secure indoor and outdoor area in the dementia unit.</p> <p>The facility has a van available for transportation of residents. The van driver holds a current driver's license and a current first aid certificate.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate toilets and showers for residents. The majority of rest home residents use a communal shower except for four rest home rooms, which have toilet/shower ensuites. The majority of hospital rooms have toilet/shower ensuite rooms, except for six bedrooms which have ensuites. There are no ensuite bedrooms in the dementia unit. There are adequate communal toilets available. Separate visitor and staff toilet facilities are available. Water temperatures are monitored and temperatures are maintained at or below 45 degrees Celsius. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The rooms are spacious and it can be demonstrated that wheelchairs, hoists and the like can be manoeuvred around the bed and personal space. There are three rooms in the rest home which are smaller and are used for mobile rest home level of care residents only.</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>	FA	<p>The rest home has a large main lounge and a smaller bowls room (complete with raised indoor bowling area) and a dining room. The hospital area has two lounges with one doubling as a dining area. The dementia unit has a combined lounge/dining area. All lounges and dining rooms are easy to access and can accommodate the equipment required for the residents. Activities occur throughout the facility. Residents are able to move freely and furniture is well arranged to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit. Residents interviewed report they can move around the facility and staff assist them if required.</p> <p>There is adequate space to allow freedom of movement while promoting safety for those that wander in the dementia unit.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry is done on-site. Laundry and cleaning audits are completed as part of the internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals are stored in locked rooms. All chemicals are labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended.</p> <p>There are dedicated cleaning and laundry staff. Cleaning trolleys are well equipped and stored safely when not in use. Residents and relatives interviewed reported that they were satisfied 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>	FA	<p>An approved fire evacuation plan is in place. There are emergency management plans to ensure health, civil defence and other emergencies are included. Fire evacuation practice documentation was sighted. The last fire evacuation drill occurred in December 2016. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back up power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells placed where they could be easily accessed or sensor mats were in use where required.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility is light and airy and able to be ventilated by opening external windows and doors. There is central heating with some heat pumps located in public areas. Internal temperatures are monitored and regulated by the maintenance manager. There is a sheltered designated smoking area outside, which is used by mobile residents.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practices and reporting. The infection control officer is a registered nurse (CM) and she is responsible for infection control across the facility. The committee and the Bupa governing body is responsible for the development of the infection control programme and its review. The Infection Control Committee consists of a cross section of staff and there is external input as required from general practitioners and local Community Laboratory. A norovirus outbreak in August 2016 was well managed.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control</p>	FA	<p>There are adequate resources to implement the infection control programme. The infection control officer has maintained best practice by attending infection control updates. The infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>

programme and meet the needs of the organisation.		
<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 education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The facility is committed to the ongoing education of staff and residents. Education is facilitated by the infection control officer who has completed training to ensure knowledge of current practice. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Information is provided to residents and visitors that are appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer 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 officer. 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. An outbreak in August 2016 was well managed and the required notifications made.</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 caregiver and nursing staff confirm their understanding of restraints and enablers. At the time of the audit, the service had no residents using restraints or enablers.</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 1.1.13.1</p> <p>The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.</p>	PA Low	A record of all complaints received is maintained by the care home manager using a complaints' register. Nine complaints were made in 2016 and four received in 2017 year to date. Not all complaints reviewed had documented evidence of any follow up, feedback to the complainant or outcome resolution.	There was no documented evidence of any follow up, feedback to the complainant or outcome resolution for two complaints that were made in March 2016.	<p>Ensure that all complaints received have documented evidence of follow up, feedback to the complainant and outcome resolution.</p> <p>90 days</p>
Criterion 1.2.3.6	PA Low	An annual internal audit schedule was sighted for the service with evidence of internal audits	There were no corrective actions initiated or completed for nine internal audits that were not	Ensure that all internal audits

Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.		occurring as per the audit schedule. Quality improvement plans were not evidenced to be consistently completed for all areas of non-compliance identified in internal audits.	fully compliant.	that are not compliant have corrective actions initiated and completed. 90 days
Criterion 1.3.4.2 The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.	PA Low	Registered nurses are responsible for the completion of assessment, care planning and evaluation. All resident files included an interRAI assessment. Initial care plans and long-term care plans reviewed were completed within identified timeframes. Seven of eight initial assessments and care plans reviewed reflected the outcomes of the completed assessments as the basis of the care plan.	The initial nursing assessment for a recent admission was not evidenced to be fully completed to include a stage I pressure injury, which was documented on nursing summary discharge letter from the public hospital. The initial care plan did not address the resident's needs around pressure injury management, wound care, management of continuous oxygen therapy and management of anxiety.	Ensure that assessments are fully completed and the outcomes reflected in the care plans to address all identified needs. 60 days
Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.	PA Low	There is a 52-week maintenance plan in place. There were no records of scheduled maintenance having been completed in 2016-April 2017.	There were no documented records of routine scheduled maintenance having been completed in 2016 till April 2017. A maintenance record was evidenced to be commenced in April 2017 and was signed by maintenance when each task was completed as per Bupa policy.	Ensure that maintenance required is documented to ensure that all maintenance issues are addressed. 60 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>All residents are assessed at admission and in an ongoing manner to establish interests and skills. A plan is developed for the residents around activities. The resident meetings provide an opportunity for residents to provide feedback on the activity programme. As a result of feedback from residents, a garden project was commenced which has resulted in increased resident satisfaction and enjoyment of the external environment.</p>	<p>Following feedback from residents who wanted to create a scented courtyard garden, a garden project was commenced in February 2017. The gardening project has included help from staff, residents, relatives and local businesses within the community. A new seating and planting courtyard in an area of the garden that was previously not used by residents, has been built. There are raised garden beds and vegetable plots which the staff and residents tend. The vegetables produced are cooked and served at meal times. Residents interviewed are very pleased with the end result and state they are enjoying the new garden. Residents were observed sitting out in the new courtyard area during the audit.</p>

End of the report.