

Bupa Care Services NZ Limited - Te Puke Country Lodge

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:	Te Puke Country Lodge
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 July 2017 End date: 18 July 2017
Proposed changes to current services (if any):	Five hospital rooms have been verified at this audit as suitable to be used as dual-purpose.
Total beds occupied across all premises included in the audit on the first day of the audit:	72



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 Te Puke Country Lodge is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 81 residents. Occupancy on the day of audit was 72 residents.

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

The care home manager is a social worker who has been in this role since April 2015. The manager is supported by an assistant manager, a clinical manager and a unit coordinator/RN and a Bupa regional manager.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service, including residents that require hospital/medical, and rest home level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Te Puke. Quality initiatives are implemented which provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

The service is commended for achieving continual improvement ratings relating to good practice and infection control.

Consumer rights

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

All standards applicable to this service fully attained with some standards exceeded.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

The care home manager is supported by an administration manager, clinical manager; registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. A comprehensive education and training programme is implemented with a current plan in place.

Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support.

Continuum of service delivery

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Resident rooms are spacious with ensuites and are personalised. External areas are safe and well maintained. The facility has a van available for transportation of residents. Those transporting residents hold a current first aid certificate. There are spacious lounges in the rest home and hospital areas and a large recreation room. 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 is provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. A staff trained in CPR and first aid is on duty at all times. The facility has ceiling heating in the communal areas and electric panel heaters in the bedrooms

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were three residents using restraint and no residents with an enabler. Restraint management processes are adhered to.

Infection prevention and control

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

All standards applicable to this service fully attained with some standards exceeded.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	2	48	0	0	0	0	0
Criteria	2	99	0	0	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's (HDC) Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the care home manager, clinical manager/RN, administrative manager and twelve staff (four caregivers who cover the rest home and hospital, three registered nurses (RNs), two activities coordinators, one cleaner, one cook, one maintenance person) confirmed their familiarity with the Code. Interviews with twelve residents (six rest home and six hospital) and six relatives (hospital) confirmed that the services being provided are in line with the Code. The Code is discussed at resident and staff meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident in all 11 resident files reviewed. General consent forms were evident in the nine files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal care, entering rooms and so on. Enduring power of attorney evidence is sought prior to admission, and activation documentation is obtained and both are filed with the admission agreements. Where legal processes are ongoing to gain EPOA, this is recorded, as are letters of request to families for the supporting documentation. Residents interviewed confirmed that consent was obtained before undertaking any care or treatment.</p>

<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>	<p>FA</p>	<p>There is a policy that describes the role of advocacy services. Staff receive annual training on advocacy. Information about accessing advocacy services is available in the information presented to residents and their families during entry to the service. Advocacy support is available if requested. Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate. The complaints process reminds the complainant of their right to contact the health and disability advocacy service with contact details provided.</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>	<p>FA</p>	<p>Residents are encouraged to be involved in community activities and maintain family and friends networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Visiting can occur at any time. Community links were evident. The rest home has an active bowls team that includes competitions with other facilities. A selection of residents attend the Citizens Club to play cards. Community links were also present via local churches, the RSA and residents going out on regular outings.</p> <p>The service completed an initiative around raising their profile in the local community and increasing their occupancy which had never been much above 80% since the Care Home opened. They did this by involving the local paper and inviting them to write articles about resident activities in the home on almost a monthly basis. They also ran a fund raiser for St John's Ambulance in April 2016.</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>	<p>FA</p>	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaints register. Four complaints have been lodged in 2017 (year-to-date). Verbal and written complaints are documented. All four complaints had a noted investigation, timelines determined by HDC were met, and corrective actions (where indicated) were actioned. All four complaints were documented as resolved.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>There are posters displaying the Code in English and in Māori. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the care home manager, assistant manager or clinical manager discuss the Code with the resident and the family/whānau. An information pack is given to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss.</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>	<p>FA</p>	<p>The service has policies which align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff demonstrated gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented and staff have undertaken annual training on abuse and neglect.</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>	<p>FA</p>	<p>The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. The service has established links with local Māori advisors. Staff training includes cultural safety with the most recent in-service undertaken on 31 May 2017. A cultural assessment is completed during the Māori resident's entry to the service. There was one resident who identified as Māori but was unable to be interviewed. Whānau were also not available. The care plan for this resident included the resident's specific cultural and spiritual needs.</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>	<p>FA</p>	<p>The service has established cultural policies aimed at helping to meet the cultural needs of its residents. All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents. There were no residents at the facility where English was their second language.</p> <p>Monthly cultural days have been introduced to celebrate a different country every month. There is a special lunch to reflect that country, and staff are encouraged to dress in a manner reflective of the culture of that day. When possible entertainment reflecting that culture is also provided on that day.</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 all staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the district health board which includes visits from specialists (e.g., wound care, mental health) and staff education and training. Physiotherapy services are provided four hours per week. There is a robust education and training programme for staff that includes in-service training, impromptu training (toolbox talks) and competency assessments. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain independent.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file.</p> <p>Fifteen incidents/accidents forms selected for review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</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>	FA	<p>Te Puke Country Lodge is part of the Bupa group of aged care facilities. The care facility has a total of 81 beds suitable for rest home (38 beds) and hospital (43 beds) levels of care. Hospital level of care is certified for medical. During the audit there were 72 residents (38 rest home and 34 hospital). One rest home level resident was receiving respite care, two residents (one rest home and one hospital) were on the young persons with a disability (YPD) contract and one resident (hospital level) was on a palliative care contract. There are no dual-purpose beds. Currently the service has five rest home residents in the hospital wing. These five rooms have been verified at this audit as suitable to be used as dual-purpose.</p>

		<p>Bupa's overall vision and values are displayed in a visible location. All staff are made aware of the vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan. There are documented quality/health and safety goals that are reviewed monthly and signed off when achieved.</p> <p>The Bupa H&S Goal #1 for 2017 focuses on the effect of Moving and Handling and providing a safer environment for staff and visitors. Te Puke are making good progress with introduction of actions and monitoring/evaluating evidences this is at least part met.</p> <p>H&S Goal #2 is about raising staff awareness and knowledge about Health and Safety at Work Act. Te Puke is monitoring and making good progress. Staff have all completed a H&S questionnaire and H&S reps complete a weekly walk around to identify an hazards.</p> <p>Te Puke Quality Goal #3 is about continuing to work towards reducing staff incidents as they failed to achieve this last year. They are making good progress as evidenced by the reduction of Incidents in 2017 so far.</p> <p>Tw Puke Quality Goal #4 is about creating a versatile and private space in the Solarium with multitude of potential uses, to benefit residents, families and staff. This has been achieved.</p> <p>The care home manager is a social worker who has been in this role since April 2015. This is her first role as a care home manager in an aged care facility. She is supported by an assistant manager, a clinical manager and a unit coordinator/RN and a Bupa regional manager.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.</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>In the absence of the care home manager, the assistant manager and clinical manager/RN are in charge. In the absence of the clinical manager, the unit coordinator/RN is in charge of clinical operations. For extended absences, a Bupa relieving care home manager is rostered.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	FA	<p>A quality and risk management programme is in place. Interviews with the managers and staff confirmed their understanding of the 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>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures include reference to interRAI for an aged care service and meet current health and safety legislative requirements. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (e.g., falls, medication errors, wounds, skin tears, pressure injuries, complaints, challenging behaviours) are collated and analysed with results communicated to staff. Corrective actions are implemented where benchmarked data exceeds targets.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented. Corrective actions from the last health check (10 April 2017) identified corrective actions that have been implemented and signed off. Quality and risk data is shared with staff via meetings and posting results in the staff room.</p> <p>The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. The care home manager is the health and safety officer. Three health and safety representatives are elected by staff. The health and safety team meets once a month. Staff undergo annual health and safety training which begins during their orientation. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed.</p> <p>Strategies are implemented to reduce the number of falls. This includes, but is not limited to ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and intentional rounding. Residents at risk of falling have a falls risk assessment completed with strategies implemented to reduce the number of falls. Caregiver interviews confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.</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</p>	<p>FA</p>	<p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all fifteen accident/incident forms reviewed. Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to minimise the number of incidents. Clinical follow-up of residents is conducted by a registered nurse. Unwitnessed falls include neurological observations.</p> <p>Discussion with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided.</p>

of choice in an open manner.		
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Ten staff files reviewed (five caregivers, five RNs) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The education programme being implemented is extensive and includes in-service training, competency assessments, and impromptu (tool box) talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements. There are 42 part time caregivers. Fourteen have completed an aged care education programme, 10 are currently enrolled and completing, and six are foreign RNs.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed their food safety training on-site. Chemical safety training is included in staff orientation and as a regular in-service topic.</p> <p>RNs are in the process of completing their professional development recognition portfolio (PDRP). All eight RNs have completed their interRAI training. The care home manager, clinical manager and staff are able to attend external training including sessions provided by the district health board. Each of the RN's hold a 'champion role' e.g.: falls prevention, infection control.</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>	FA	<p>A staff rationale and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements of the residents. The care home manager is a qualified social worker. The facility covers two floors with three elevators in strategic locations. There are five hospital wings totalling 43 beds across two levels and two rest home wings totalling 38 beds (one on each level).</p> <p>The clinical manager and unit coordinator are registered nurses with current practising certificates who work full time Monday – Friday. The unit coordinator covers the rest home wings Monday – Friday. The hospital wings are staffed with one staff RN on the am shift (seven days a week) and two staff RNs on the pm shift. One staff RN covers the facility during the night shift.</p> <p>Adequate numbers of caregivers are rostered with additional caregiver support available when needed. Extra staff can be called on for increased residents' requirements.</p> <p>Two activities staff are scheduled five days a week. Separate cleaning and laundry staff are rostered.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs</p>

		of residents.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access. Informed consent to display photographs is obtained from residents/family/whānau on admission. 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 caregiver or RN. Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts are in a separate folder.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The admission policy and resident information handbook outlines access, assessment and the entry screening processes. The local community and needs assessment and coordination agencies are familiar with entry criteria and how to access the service. The service operates 24 hours a day, 7 days a week. Comprehensive information about the service is made available to referrers, potential residents and their families and sighted resident agreements contain all detail required under the Aged Residential Care Agreement. Family members and residents interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made. One file reviewed was of a resident that had been transferred to hospital acutely. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was well documented in progress notes. Reconciliation of medications was documented and the care plan was updated with changes to resident's needs. A GP follow-up visit following discharge from hospital was documented as occurring on the day the resident returned to the facility.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in</p>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service utilises two-weekly robotic packs. There is a medication room in each of the two areas. The service uses an electronic medication management system.</p>

<p>a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>All medications were securely and appropriately stored. Registered nurses or senior caregivers, who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. Medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy.</p> <p>Eighteen electronic medication charts and signing charts were reviewed. All medication signing sheets aligned with the medication charts.</p> <p>The medication folders include a list of specimen signatures and competencies. Two self-medicating resident charts were reviewed and all included three-monthly competencies.</p> <p>Electronic medication profiles reviewed were legible, up-to-date and reviewed at least three-monthly by the GP. All medication charts reviewed have 'as needed' medications prescribed with an individualised indication for use. The medication round observed was completed correctly as per Bupa policies and procedures. The medication fridge in each area has temperatures recorded daily and these are within acceptable ranges.</p> <p>Medication management audits are completed as part of the internal audit system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Two cooks oversee food management and are assisted by a team of kitchen assistants. The food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and there is a national menu in place that has been audited and approved by an external dietitian. The summer menu rotates over a four week cycle and the winter menu is a six weekly cycle. There are policies in place to guide staff. Food is procured from commercial suppliers. The majority of food is cooked on-site in a large commercial kitchen. There is sufficient storage available. Stock rotation is practised. Hot food temperatures are monitored daily on all meals (records sighted). Fridges and freezers have temperatures monitored daily. Chilled inward goods are temperature checked on delivery and prior to storage. Daily air temperatures are recorded. Commercial operators are contracted to manage kitchen waste disposal.</p> <p>Resident likes and dislikes are known, recorded in the kitchen and alternatives are offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes and is reviewed six-monthly, as part of the care plan review. Special diets (i.e., soft and pureed diets) are noted on the kitchen noticeboard, which can be viewed only by kitchen staff. Meals are served from bain maries to the residents in the dining rooms and can be delivered to rooms as required. Specialist utensils and plates are available for residents.</p> <p>The resident annual satisfaction survey monitors food satisfaction. The kitchen is included in the internal</p>

		<p>audit programme. Staff have been trained in safe food handling and chemical safety.</p> <p>Residents and relatives interviewed commented positively on the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is policy in place regarding the process for declining entry. Consumers are declined entry when there are no beds available or, if the person has health needs that are not able to be provided by the facility. If a potential admission was declined entry, the consumer and where appropriate their family/whānau of choice, is informed of the reason for the decline and provided with other options where they can access services.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The facility has embedded the InterRAI assessment protocols within its current documentation. Bupa admission assessment booklets and care plan templates were comprehensively completed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in all files. The assessment booklet provides in-depth assessment across all domains of care and is an add-on to the interRAI assessment. Files reviewed across the rest home and hospital identified that risk assessments have been completed on admission and reviewed six-monthly as part of the evaluation. Additional assessments for management of behaviour, pain, wound care and restraint were appropriately completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed demonstrated service integration and input from allied health. All care plans (including short and long term care plans) reviewed included interventions to address all of the resident needs. 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. Two rest home residents identified as high falls risk had a specific 'keep me safe from falling care plan'. Other specific care plans were implemented for specific health needs, including (but not limited to) dementia, medical needs, diabetes, and chronic wounds. Two YPD residents have clear instructions for management of specific needs including (but not limited to) mobility and communication. The contracted physiotherapist has completed transfer plans.</p> <p>Short-term care plans were in use for changes in health status and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a</p>

		range of specialist care professionals.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Interview with one GP evidenced that care provided is of a high standard and GPs are kept informed. Family members interviewed stated care and support is good and that they are involved in the care planning.</p> <p>Caregivers and RNs interviewed state there is adequate equipment provided, including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place. Wound management and monitoring occurred as planned. All have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as needed. Care plans document allied health input. There were two wound registers in the facility. A sample of wounds reviewed in detail included a link to STCPs and LTCPs. There is wound care specialist input where needed. Physiotherapy and dietitian input is provided for residents.</p> <p>Monitoring charts were well utilised at Bupa Te Puke and examples sighted included (but not limited to) weight and vital signs, blood glucose, pain, food and fluid, turning charts, behaviour monitoring, syringe driver monitoring and restraint monitoring.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs an activity coordinator who is currently completing a qualification in diversional therapy (i.e., level 4 NZQA). The activity coordinator has a valid driver's licence and a current first aid certificate. He is employed for 37.5 hours a week and is supported by an activity assistant who is employed for 37.5 hours per week.</p> <p>The exercise programme is based on the Otago University falls prevention programme. The activity team have access to Bupa diversional therapy (DT) team at head office and attend the regional DT/activities regional study days with training and education including guest speakers.</p> <p>Each resident has an individual activities programme, which is reviewed when their plan of care is reviewed and as part of their interRAI assessments.</p> <p>The group activity programme is implemented Monday to Friday between the hours of 9am to 4pm in any of the spacious lounges and recreational areas. The facility has a large library, recreation room and games room. There are ranges of activities offered. There are separate rest home and hospital programmes with activities that meet the needs and preferences of the two resident groups, however many activities are integrated such as entertainment, as observed on the day of audit. Variations to the group programme are made known to the residents. Residents may choose to participate in any group programme. Individual programmes are delivered to residents in their rooms when they are unable to or</p>

		<p>choose not to participate in the group programme.</p> <p>The group programme covers physical, cognitive, social and spiritual needs. There are regular visiting entertainers and community groups. Targeted group programmes are offered as appropriate to meet the needs of subsets of residents. Church services are held and some residents attend church services in the community. Rest home and hospital residents have the opportunity to go on outings using the service's van or alternative transport arrangements. A designated driver drives the van; a caregiver accompanies the activity person on outings.</p> <p>The needs of younger residents are evidenced to be met within the programme and also individual one-on-one activities and outings with the activity team. Residents have the opportunity to provide feedback on the activity programme through the bi-monthly resident meeting and resident satisfaction surveys. Residents and relatives interviewed were satisfied with the activities programmes on offer.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by registered nurses six-monthly, or when changes to care occurred and document progress of achievement towards 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 review involves the RN, GP, activities staff, physiotherapist (if involved) and resident/family. The family are notified of the outcome of the review by phone call and if unable to attend, they receive a copy of the reviewed plans. There is at least a three monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>
<p>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 higher or different level of care. Discussion with the clinical manager and rest home unit coordinator identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services. YPD residents are assisted to access community groups and health services as needed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous</p>	FA	<p>There is an effective system of waste management in place. Used linen is appropriately managed and all laundry is managed off-site at another nearby Bupa facility. Chemicals are supplied by an external contractor and stored securely throughout the facility when not in use. Appropriate policies are available</p>

<p>Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>along with chemical product safety charts. Education on hazardous substances occurs at orientation and is included in in-service training. There is appropriate signage throughout regarding chemical storage and hazards. There is personal protective equipment available for use by staff and this was in use on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 20 October 2018.</p> <p>The facility has a lift between the ground floor and first floor level. There are hospital and rest home rooms located on the ground floor. The lift is large enough to allow residents to be transported by wheelchair or ambulance trolley.</p> <p>The facility employs a full-time maintenance manager. There are proactive and reactive maintenance management plans in place. The grounds and gardens are well maintained.</p> <p>Contracted providers test equipment. Electrical testing of non-hard wired equipment was last conducted on 9 June 2017. Medical equipment requiring servicing and calibration was last conducted on 26 June 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.</p> <p>A bedroom upgrade programme in place. As residents vacate rooms, the rooms are repainted, and flooring and curtains are replaced. Residents have adequate internal space to meet their needs. External areas are safe and well maintained. The facility has a van available for transportation of residents. Those transporting residents hold 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</p>	<p>FA</p>	<p>All bedrooms have ensuites. There are adequate communal toilets available. There is appropriate signage with easy clean flooring and fixtures. Privacy locks indicate whether the toilet/shower is vacant or in use. Residents interviewed report their privacy is maintained at all times.</p>

hygiene requirements.		
<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 rest home and hospital bedrooms are spacious enough accommodate the residents own furnishings as desired, have a small kitchenette area with tea and coffee making facilities and are large enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Caregivers interviewed report that rooms have sufficient space to allow cares to take place. The doors are wide enough for ambulance trolley access. Residents are encouraged to personalise their bedrooms as sighted.</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>There are spacious lounges and dining rooms in the rest home and hospital area. Smaller lounges are available for small group or individual activities or for visitors. Tea and coffee making facilities are available. There is a large recreational room, games room and library. The raised indoor bowling platform has been moved into the large library area at the entrance to the facility. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents are able to move freely and furniture is well arranged to facilitate this. The hospital dining room and lounges accommodate specialised lounge chairs and mobility equipment.</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>The cleaners have access to the appropriate equipment and chemicals. Cleaning equipment and cleaning chemicals are stored securely when not in use. All laundry is completed on-site. There are two entry/exit doors (clean and dirty). The internal auditing system and the satisfaction surveys monitor cleaning and laundry services. Cleaning and laundry staff receive training at orientation and through the in-service programme. There are policies in place to guide practice. Residents and family members interviewed expressed satisfaction with the laundry and cleaning services provided at Bupa Te Puke.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Fire evacuation practice documentation was sighted. 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.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Activities staff are also trained in first aid and CPR procedures.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to</p>

		<p>have their call bells in close proximity.</p> <p>Security systems are in place to ensure residents are safe.</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 has ceiling heating throughout communal areas and corridors. There is a gas log fire in the lounge area outside of the dining room in the rest home. Each bedroom has an electric panel that is individually controlled. All communal rooms and bedrooms are well ventilated and light. Residents interviewed stated the temperature of the facility was comfortable. There is plenty of natural light in resident's rooms, along corridors and in communal areas</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator is a registered nurse (CM) and she is responsible for infection control across the facility. The committee and the Bupa governing body in conjunction with Bug Control, is responsible for the development of the infection control programme and its review. A lower north/southern regional infection control meeting addresses infection control issues across the organisation. The infection control programme is well established at Bupa Te Puke. The quality/infection control committee consists of a cross section of staff and there is external input as required from general practitioners, and local community laboratory.</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 Te Puke. The infection control (IC) coordinator has maintained best practice by attending infection control updates. The infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and</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>

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.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand washing and standard precautions. Infection control training was last provided June 2017.</p> <p>The infection control coordinator has received education by an external provider to enhance her skills and knowledge. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice and group benchmarking.</p> <p>A number of toolbox talks have been provided including (but not limited to) preventing UTIs.</p>
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	CI	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (RN) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>A monthly log of infections and short-term care plans are completed for all resident infections. Infection control data is collated monthly and reported at the quality and risk, and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices, identifying trends and corrective actions/quality initiatives. Infection control data is on display for staff. The infection control programme is linked with the quality management programme. The results are subsequently included in the manager's report on clinical indicators. 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 GPs that advise and provide feedback/information to the service. There have been no outbreaks.</p>
Standard 2.1.1: Restraint	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. There

<p>minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>were three hospital level residents with restraints and no residents using an enabler.</p> <p>Staff interviews and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on RMSP/enablers has been provided. Restraint is discussed as part of staff meetings and in separate (monthly) restraint meetings.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator in partnership with the RNs, GP, resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>Ongoing consultation with the resident and family/whānau are evident. All three files for the residents using restraints were reviewed. The completed assessments considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, family and the GP. The use of restraint is linked to the resident's restraint care plan, evidenced in all three residents' files where restraint was in use. An internal restraint audit, conducted annually, monitors staff compliance in</p>

		<p>following restraint procedures.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Consistent evidence to verify two hourly checks (at a minimum) were sighted on the monitoring forms for all three residents using restraint.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are scheduled three-monthly. The three residents (recently) using restraints had not been using restraint for three months. Restraint use is discussed in a range of meetings (restraint meetings, staff meetings, RN meetings) confirmed in the meeting minutes.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>The Bupa restraint minimisation programme is discussed and reviewed at a national level and includes identifying trends in restraint use, reviewing restraint minimisation policies and procedures and reviewing the staff education and training programme.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Bupa Te Puke has been committed to reducing the number of urinary tract infections. A review process has occurred, including analysis and reporting of findings. There is evidence of action taken based on findings that has made improvements to service provision and resident care and reduced the number of urinary tract infections (UTIs).</p>	<p>A dedicated respite bed can be booked in advance for either rest home or hospital level of care to enable families to make plans in the future. No other facilities in the Bay of Plenty are offering this advanced booking service. This service was started in 2016 and has steadily increased in 2017 with bookings already made through February 2018. A second respite bed was recently opened to meet demand. Relatives using this service find it very beneficial and are using it repeatedly and are referring others in the community.</p> <p>RN competencies now include intravenous (IV) therapy with RNs trained to cannulate and give antibiotics (AB) intravenously. Seven residents (year-to-date) who were previously sent to Waikato Hospital for IV antibiotics are now able to remain at the facility for their AB therapy. Residents and their families verbalised that they were much happier staying in the facility.</p> <p>The facility won the Bupa Midlands Most Improved Home of the</p>

			Year Cup for 2016, and also won the award for lowest RN turnover for two consecutive years. The resident satisfaction survey's overall satisfaction results have been gradually increasing; from 73% in 2014 to 84% in 2015 and 86% in 2016 (2017 results were not yet available).
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>Bupa Te Puke has been committed to reducing the number of urinary tract infections. A review process has occurred, including analysis and reporting of findings. There is evidence of action taken based on findings that has made improvements to service provision and resident care and reduced the number of urinary tract infections (UTIs).</p>	<p>A project plan was implemented that included a range of initiatives including; a) increased fluid rounds, b) offering jelly, yoghurt and alternative fluid choices to residents having poor oral intake, c) increasing frequency of toileting, and d) vulnerable residents encouraged with fluids and commenced on fluid balance charts. The service has been successful in reducing the number of UTIs per 1000 bed days. The UTI rate (1.5 per 1000 bed days) has remained under the benchmarking level from October 2016 – June 2017.</p>

End of the report.