

Bupa Care Services NZ Limited - Hugh Green Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Hugh Green Care Home
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: 11 September 2017 End date: 12 September 2017
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	84

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Hugh Green Care Home provides rest home, hospital and dementia levels of care for up to 100 residents. There were 84 residents during the audit.

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

The care home manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that an improvement is required in relation to interventions in residents' care plans.

Consumer rights

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

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.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is a comprehensive admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Care plans are evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed met legislative prescribing requirements.

A diversional therapist and activity assistants implement the activity programme across all floors. Caregivers provide activities for residents in the dementia care unit. The programmes include community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each consumer group.

All meals and baking is done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the dietitian. There are nutritious snacks available 24 hours. Residents commented positively on the meals provided.

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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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility.

The building holds a certificate for public use.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Appropriate training, information and equipment for responding to emergencies are 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.

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 no residents using either restraints or enablers. The service has maintained a restraint-free facility. Restraint management processes are available if restraint is used.

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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer (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	0	44	0	0	1	0	0
Criteria	0	92	0	0	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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, and nine care staff (three caregivers who are responsible for all three levels of care (rest home, hospital and dementia), one unit coordinator/registered nurse (RN), two staff RNs, one activities assistant and one diversional therapist, one physiotherapist) confirmed their familiarity with the Code. Interviews with ten residents (five rest home and five hospital) and eight relatives (two hospital, two rest home, four dementia) confirmed that the services being provided are in line with the Code. The Code is discussed at staff meetings, resident meetings and is scheduled to be discussed in the facility's first family meeting scheduled for later in the month.</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 ten resident files reviewed (four rest home, three hospital and three dementia level of care residents including one resident funded by ACC). Consents were sighted for specific procedures. Advance</p>

		<p>directives if known were on the resident files. Resuscitation plans 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 that appropriate information had been provided.</p> <p>All long-term residents (under the ARCC) had a signed 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>There is a policy that describes the role of advocacy services. Staff receive 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>	FA	<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. A sample of rest home level residents walk to local cafés. A bus stop is strategically placed in front of the facility. Community links were evident and included (but were not limited to) local churches, the RSA, hospice, aged concern, Salvation Army, and local clubs (eg, Totara club, CMA club).</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints 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 complaint's register. Four complaints have been lodged since the facility opened (29 Nov 2016) with three complaints received in 2017 (year-to-date). 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. The final letter that is sent to the complainant includes contact details for HDC and HDC Advocacy Services.</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>	FA	<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 administrator or assistant administrator discusses the Code with the resident and the family/whānau. Information is given in the information pack 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>	FA	<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 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>	FA	<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. An appointed kaumātua through Te Puna Houhora has visited the facility twice, once at the opening and a second time following the death of a Māori resident.</p> <p>A cultural assessment is completed during the Māori resident's entry to</p>

		the service. There was one resident who identified as Māori but was unable to be interviewed. Whānau were also not available.
<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 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 a number of residents from countries outside of New Zealand but there were no residents at the facility who did not understand or speak English.</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>	FA	<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 (eg, geriatric nurse specialist (GNS), mental health services) and staff education and training. Physiotherapy services are provided for two days (10 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. The activities programme is provided to rest home, hospital and dementia level residents seven days a week. 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>	<p>FA</p>	<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>	<p>FA</p>	<p>Hugh Green Care Home is part of the Bupa group of aged care facilities. The care facility provides rest home, hospital and dementia level care across a total of 100 beds suitable for rest home, hospital and dementia levels of care. Hospital level of care is certified for medical. During the audit there were 84 residents (38 rest home, 23 hospital and 23 dementia). All rest home and hospital beds are certified for dual-purpose. One resident (hospital level) was on ACC.</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 care home manager has 27 years of experience in health care and aged care. He has been employed by Bupa as a care home manager for 17 years and has been at this facility since it opened in November 2016. He is supported by an administrator, a clinical manager/RN and a unit coordinator/RN.</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>FA</p>	<p>In the absence of the care home manager, the administrative staff and</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>the clinical manager/RN are in charge. In the absence of the clinical manager/RN, 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> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with the managers (care home manager, clinical manager) and staff (one administrator, one assistant administrator, one kitchen manager, two maintenance staff, one cleaner, one laundry, nine care staff) confirmed their understanding of the quality and risk management systems.</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 (eg, 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 (30 June 2017) identified their implementation 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 three specific and measurable health and safety goals that are regularly reviewed. The unit coordinator/RN is the health and safety officer. The health and safety team meet's once a month. Staff undergo annual health and safety training, which begins during their orientation. All staff are</p>

		<p>provided with information about their responsibility under the Health Safety at Work Act 2015. A staff health and wellbeing programme (SMILE) is in the process of being embedded. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. Bupa facilities have been awarded ACC work safety management practice at a tertiary level (expiry 5 July 2018).</p> <p>A facility goal for 2017 has been established around reducing the number of falls to a level below the Bupa benchmark. A falls focus group has been established. Strategies are implemented to reduce the number of falls that are based on trends in data. 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. All residents have a falls risk assessment completed by a physiotherapist as part of their admission process. Interviews with the physiotherapist and caregivers 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 of choice in an open manner.</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 his awareness of the 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 of legislation.</p>	<p>FA</p>	<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. Eight staff files reviewed (four caregivers, two RNs, one cook and one kitchen assistant) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment</p>

		<p>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. Twenty caregivers work in the secure dementia unit. Eight have completed the required dementia standards and the remaining twelve staff are enrolled and are scheduled to complete their qualification within one year.</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>Five of 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.</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>A staff rationale and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements of the residents. The clinical manager is a registered nurse and is employed full-time. She is supported by a full-time unit coordinator/RN who oversees two rest home/hospital floors. There are two-unit coordinator/RN vacancies waiting to be filled (one for the dementia unit three days a week, and one full-time rest home/hospital coordinator). Furthermore, there are two staff RNs waiting to start employment and two staff RN vacancies. These RN positions are currently being filled using either agency staff or the Bupa bank of relief staff.</p> <p>The facility covers three floors with an elevator placed in an accessible location. The secure dementia unit is on the ground floor and the dual-purpose (rest home/hospital) beds are located on the first level (occupancy 36) and second level (occupancy 25). In addition to one-unit coordinator/RN, the rest home/hospital floors are staffed with one RN on each floor for the AM and PM shifts and one RN for the night shift. The dementia unit is overseen by the clinical manager until the</p>

		<p>part-time unit coordinator/RN position is filled.</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>Activities staff are rostered seven days a week, with a designated activities staff placed on each of the three floors. 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 of residents.</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>	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. 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>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Admission agreements reviewed (for long-term residents under the ARCC) align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>administer medications (RNs and caregivers) have been assessed for competency on an annual basis. Registered nurses have completed syringe driver training. Education around safe medication administration has been provided annually. There is evidence of medication reconciliation on delivery of robotic roll medications against the medication chart on the electronic medication system. All medications are stored safely. All eye drops were dated on opening. Self-medication competencies had been completed and reviewed by the RN and GP for a rest home resident self-medicating.</p> <p>Medication chart prescribing meets legislative requirements. Twenty medication charts reviewed (eight rest home, six hospital and six dementia care) had photo identification and allergy status documented on the chart. The administration sheets corresponded with the medication charts. All medication charts evidenced three-monthly GP review.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is managed by the kitchen manager, who is supported by qualified cooks and kitchen assistants. Food services staff have attended food safety training. The kitchen manager is a workplace assessor for kitchen staff. All meals and baking are prepared and cooked on-site in a well-equipped kitchen located within the service area of the facility. The food service manages the on-site café for resident and visitor use.</p> <p>The four-weekly seasonal menu has been reviewed by the dietitian. Breakfasts are prepared in the unit kitchenettes. Meals are delivered in bain maries to the unit kitchenettes and served by staff. The cooks receive a resident nutritional requirement's form for new residents and are notified of any dietary changes. The menu provides a vegetarian option. Likes and dislikes are known. Special diets are accommodated, including diabetic desserts and high calorie/protein diets. The cook is notified of any residents with weight loss. There were nutritious snacks available 24-hours in the dementia unit.</p> <p>Fridge, freezer end cooked and serving temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and facility kitchenette fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A cleaning schedule</p>

		<p>is maintained.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RN completes an initial assessment booklet on admission including relevant risk assessment tools. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident/relative and significant others. InterRAI assessments and assessment notes were in place for the long-term resident files reviewed. The long-term care plans reflected the outcome of the assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Moderate	<p>The resident care plans in all files reviewed were individualised and resident-focused. All identified support needs as assessed were included in the care plans for five of 10 resident files reviewed. Short-term care plans were in use for changes to health status and have been resolved or if ongoing, transferred to the long-term care plan. Care plans for the three dementia care residents did not include the management of behaviours, triggers, interventions and de-escalation techniques including activities over a 24-hour period. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process.</p> <p>There was evidence of allied healthcare professionals involved in the care of the resident including GP, podiatrist, dietitian, physiotherapist and mental health services.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	FA	<p>When a resident's condition alters, the registered nurse initiates a review</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>and if required, GP, nurse specialist consultation. There was documented evidence on the family/whānau record page that family members were notified of any changes to their relative's health status.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for 11 residents. One chronic wound documentation evidenced wound nurse specialist involvement in the management of the wound. There were three pressure injuries on the day of audit (two community acquired and one facility acquired). The wound nurse has been involved in the management of pressure injuries.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Short-term care plans document appropriate interventions to manage short-term changes in health.</p> <p>Monitoring occurs for weight, vital signs, blood sugar levels, pain, challenging behaviour, repositioning charts, food and fluid, restraint and visual checks.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs a qualified diversional therapist (DT) and a team of activity assistants to coordinate and implement the programme for each unit.</p> <p>The integrated rest home and hospital activity programme covers seven days a week. The activity team provide individual and group activities for rest home and hospital residents that meet their cognitive, physical and intellectual abilities. Activities includes (but not limited to) arts and crafts, music, exercises including Tai Chi, reminiscing, board games, card groups, poetry, movies and entertainment. Festive occasions and events are celebrated. Seating is arranged in all units to allow several small group activities happening at one time. One-on-one activities occur such as individual walks, reading, chats and hand pampering for residents who are unable or choose not to be involved in group activities. Community links are maintained with visiting church groups, primary school children, volunteers with pets. Volunteers and students are involved in the activity programme. A group of volunteers are currently painting sensory and tactile murals in the dementia care unit. Residents</p>

		<p>in all units enjoy outings to places of interest, picnics and attending community concerts and community events such as art exhibitions. Residents are involved in charities such as daffodil day and knitting teddies for St Johns.</p> <p>Caregivers on duty in the dementia unit incorporate resident small group and individual activities as part of their role as observed on the day of audit. The activities person in the dementia unit is currently on maternity leave. Caregivers trained in dementia are currently delivering the programme with oversight by the DT. The activity assistant role is covered by an additional oriented caregiver who follows the activity schedule for the unit. Shift for activities assistant role is additional to caregivers and is from 10am x 6.30pm.</p> <p>A resident activity assessment and Map of Life is completed on admission by the DT. Socialising and activities is included in the the 'My Day, My Way' section of the care plan. The DT is involved in the six-monthly review. The service receives feedback and suggestions for the programme through surveys and resident meetings. Families are encouraged to be involved in the activity programme, outings and events.</p> <p>Caregivers spoke positively about the activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the RN within three weeks of admission. The long-term care plans had been reviewed by the multidisciplinary team (MDT) at least six monthly or earlier for any health changes. Family are invited to attend the MDT review and are informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes and are evident in changes made to care plans.</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 resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are</p>

		kept informed of the referrals made by the service.
<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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety datasheets are readily accessible for staff. Chemicals were correctly labelled and stored safely throughout the facility. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit. Staff have completed chemical safety training provided by the chemical supplier.</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>	FA	<p>The building has been occupied less than one year and has a certificate for public use issued 25 October 2016. The building has three levels with lift and stair access.</p> <p>The service employs a full-time maintenance person, who is supported by a maintenance person who liaises with contractors and oversees new building projects. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance 52-week schedule is maintained. Essential contractors are available 24-hours. All equipment has been purchased new and not yet due for electrical testing. Medical equipment has been calibrated. Each ensuite has a tempering valve that maintains water temperatures below 45 degrees Celsius. Water temperature checks are completed monthly as part of the 52-week planner.</p> <p>The facility has wide corridors with rails and sufficient space for residents to safely mobilise using mobility aids for transfer of residents using specialised hospital recliners.</p> <p>There is safe access to the outdoor deck areas on levels two and three. Seating and shade is provided.</p> <p>The dementia unit is located on the ground floor and has a safe indoor and outdoor environment with entry/exit to a main internal courtyard with a walking pathway, gardens and seating and shade. A second safe walking pathway and garden area has raised garden beds with vegetables and sensory herbs and plants.</p> <p>The caregivers and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care</p>

		plans including pressure injury prevention resources and bariatric equipment.
<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>All resident rooms have their own or shared ensuites. There are adequate numbers of communal toilets and a large shower room if required in the two rest home/hospital units. The dementia unit has adequate communal toilets. All toilets and ensuites have privacy locks.</p> <p>Residents interviewed confirm care staff respect the resident's privacy when attending to their personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are single and spacious. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists, in the resident bedrooms. Residents and families are encouraged to personalise their rooms. A tour of the facility evidenced personalised rooms, including the residents own furnishing and adornments.</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>Communal areas within each unit include a lounge and dining area. There are seating alcoves throughout the units. Seating and space in the lounges is arranged to allow both individual and group activities to occur. All communal areas are accessible to residents. Care staff assist or transfer residents to communal areas for dining and activities.</p> <p>There is a separate dining room and lounge in the dementia care unit with doors that open out to the courtyard. A smaller lounge is available for quieter activities or visiting. There are areas of memorabilia available to residents including a nursery area and office area.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry and cleaning staff on duty seven days a week. The laundry and cleaning staff have completed chemical safety training. There is an entry and exit door with defined areas for clean and dirty laundry. The laundry worker (interviewed) was able to describe laundry procedures around collection and sorting of laundry. The cleaners' trolleys are stored in locked areas when not in use. Internal audits monitor the effectiveness of the cleaning and laundry processes. The chemical supplier conducts quality checks on the effectiveness of washing and cleaning processes. The laundry has a labeller for</p>

		residents clothing to minimise lost items.
<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. Fire drills are scheduled every six months. The last drill took place on 5 Sept 2017. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff.</p> <p>There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. A power generator is available for the entire village in the event of a power failure.</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 have their call bells in close proximity. Calls bells are checked every month. 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>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is ceiling heating/radiator heating throughout the facility. The residents and family interviewed confirmed the temperature of the facility is comfortable.</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. The infection control officer is a registered nurse with a job description that outlines the responsibility for infection control across the facility. The clinical manager is the outbreak management officer. The infection control programme has been reviewed in consultation with the Bupa regional infection control officer and the infection control committee.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers placed appropriately throughout the facility. Residents and staff are offered the influenza vaccine. There has been one influenza outbreak (three</p>

		residents) in July 2017. Documentation (including case logs) and a Section 31 notification were sighted.
<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	There are adequate resources to implement the infection control programme at Bupa High Green. The infection control officer has maintained best practice by attending an infection control course in April 2017 and participating in six-monthly Bupa teleconferences with Bupa infection control officers. There are monthly infection control committee meetings. The committee is representative of all service areas. External resources and support are available through the Bupa quality & risk team when required. Infection prevention and control is part of staff orientation and induction.
<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	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>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The infection control officer is responsible for coordinating/providing education and training to staff. The staff orientation package includes specific training around hand hygiene and standard precautions. Infection control training has been completed as part of the annual education plan. A number of toolbox talks have been provided including (but not limited to) preventing urinary tract infections (UTIs) and outbreak management.
<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	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. Internal infection control audits also assist the service in evaluating infection control needs. Systems in place are appropriate to the size and complexity of the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infections statistics are

		included for benchmarking. Corrective actions are established where trends are identified.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraints or enablers.</p> <p>A registered nurse (supported by the clinical manager) is the restraint coordinator. She understands strategies around restraint minimisation and has been able to maintain a restraint free environment since the facility opened. Staff interview's 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 restraint meetings.</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 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA</p> <p>Moderate</p>	<p>Resident care plans identified the required needs and interventions to meet resident goals in five of ten resident files reviewed. Short-term care plans had been completed for wounds, infections and short-term needs.</p>	<p>i) There were no documented interventions for a) one rest home resident at risk of choking, b) one hospital resident with a high risk of pressure injury</p> <p>ii) Three dementia care residents did not have a 24-hour behaviour management plan in place.</p>	<p>i) Ensure care plans reflect the residents' assessed needs and supports.</p> <p>ii) Ensure there are 24-hour behaviour management plans in place for dementia care residents.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.