

# Bupa Care Services NZ Limited - David Lange 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:** David Lange Care Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 9 February 2015      End date: 10 February 2015

**Proposed changes to current services (if any):** This audit has also assessed the service as suitable to provide residential disability (physical) services. At the time of the audit there were five residents receiving this service

**Total beds occupied across all premises included in the audit on the first day of the audit:** 82



# 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

David Lange Care Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 87 residents. On the day of the audit there were 82 residents. This audit has also assessed the service as suitable to provide residential disability (physical) services. At the time of the audit there were five residents receiving this service.

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

David Lange is currently being managed by a Bupa relieving manager who is appropriately qualified and experienced. There are quality systems and processes being implemented. Feedback from residents and relatives is positive about the care and services provided. An induction and in-service training programme is provided. Residents and families interviewed were very complimentary of care and support provided.

Improvements are required around corrective action planning, notification of outbreaks, attendance at staff training, response to call bells, environmental restraint, care planning and care interventions.

## 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.
--	--	--

Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
---	--	---

Services are planned, coordinated, and are appropriate to the needs of the residents. A relieving facility manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. On-going education and training for staff is in place. Registered nursing cover is provided 24 hours a day, seven days a week.

The residents' files are appropriate to the service type and are compliant with all legislative requirements.

## Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
---	--	---

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. Registered nurses are responsible for care plan development with input from residents and family. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There are four menus operating alongside each other at David Lange with two of these being culturally based.

## 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.
--	--	--

David Lange Care Home and Hospital has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted in designated external areas.

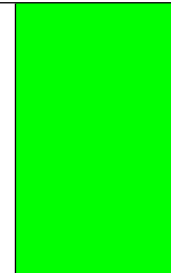
## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some standards applicable to this service partially attained and of low risk.
---	--	---

Enablers are voluntary and the least restrictive option. There were four residents who required enablers during the audit. Environmental restraint is in use.

## 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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. Infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	38	0	6	1	0	0
<b>Criteria</b>	0	86	0	6	1	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training (link 1.2.7.5). Interviews with all four caregivers, five registered nurses, three managers, and three activities staff reflected their understanding of the key principles of the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent and advanced directives were recorded as evidenced in the 10 resident files reviewed (four rest home and six hospital). Advised by staff that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Resident admission agreements were signed.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy services through the HDC Office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services (link 1.2.7.5).</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 may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends, and community groups by encouraging their attendance at functions and events, and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. This includes residents walking to the local dairy, visiting the library and attending community celebrations. Resident/family meetings are held quarterly.</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 procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the facility manager using a complaints' register. Documentation including follow up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner.</p> <p>Discussions with the residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestions box are in a visible location at the entrance to the facility. Three complaints received in 2015 were reviewed with evidence of appropriate follow-up actions taken.</p> <p>In response to the HealthCERT letter dated 5 February 2015, the complaint which was investigated by the Health and Disability Commissioner reflected appropriate follow-up actions taken.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The clinical manager/registered nurse (RN) discusses aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the quarterly resident/family meetings. All ten residents (four rest home level and six hospital level) and nine relatives (two rest home level and seven hospital level) interviewed report that the residents' rights are being upheld by the service. Interviews with residents and</p>

		family also confirmed their understanding of the Code and its application to aged residential care.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service ensures that the residents' rights to privacy and dignity are recognised and respected at all times. The residents' personal belongings are used to decorate their rooms. All rooms are single rooms with the exception of eight double rooms that are being used by either married couples or residents/families who have consented to a double room. Curtains are used for visual privacy. Discussions of a private nature are held in either the (single) residents' rooms or in the family/whanau room. The caregivers interviewed report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They report that they encourage the residents' independence by encouraging them to be as active as possible. All of the residents interviewed confirmed that their privacy is being respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect (link 1.2.7.5). Any suspected instances of abuse or neglect are dealt with in a prompt manner by the management team.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Maori are valued and fostered within the service. They value and encourage active participation and input of the family/whanau in the day-to-day care of the resident. During this audit there were seven Maori residents living at the facility. One Maori resident was interviewed and confirmed that her values and beliefs were being upheld by the service.</p> <p>Maori consultation is available through the District Health Board and Maori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic (link 1.2.7.5). All caregivers interviewed are aware of the importance of whanau in the delivery of care for Maori residents. A family/whanau room is available.</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</p>	FA	<p>The service is committed to ensuring that each resident remains a person, even in a state of physical or mental decline. The facility's residents are from a variety of cultures. One wing of the facility is dedicated to Indian residents. Four different menus are provided to the residents at each meal, incorporating foods from the residents' cultures. The service identifies the residents' personal needs and desires from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans, and were sighted in one of four residents who identify as Pacific Peoples (link 1.3.5.2). All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and</p>

ethnic, cultural, spiritual values, and beliefs.		beliefs.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions (link 1.2.7.5), 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. A general practitioner (GP) visits the facility twice a week. Residents identified as stable are reviewed by the general practitioner (GP) every three months with more frequent visits for those residents whose condition is not deemed stable.</p> <p>The service receives support from the District Health Board which includes visits from the mental health team and nurse specialist's visits. Physiotherapy services are provided on site, twelve hours per week. There is a regular in-service education and training programme for staff (link 1.2.7.5). A podiatrist is onsite every six-weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>The GP interviewed is satisfied with the level of care that is being provided.</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>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whanau is recorded on the family/whanau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health "Long-term Residential Care in a Rest Home or</p>

		Hospital – what you need to know” is provided to residents on entry. The residents and family are informed prior to entry of the scope of services and any items they have to pay that are not covered by the agreement.
<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>David Lange is a Bupa residential care facility. The service currently provides care for up to 82 residents at hospital, rest home, and residential disability levels of care. On the day of the audit there were 64 hospital level residents and 18 rest home residents. Five residents were under the age of 65. The service also provides a day activity programme service.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>The facility manager recently resigned. A relieving facility manager is replacing this individual until the vacancy is filled. The relieving facility manager is a registered nurse with a current practising certificate who has many years of experience in the health sector, including managing an aged care facility. She is supported by a clinical manager/RN and an operations manager.</p> <p>The relieving facility manager and operations manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</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>The manager is supported by a clinical manager/registered nurse (RN) who is employed full time and steps in when the manager is absent. He holds post graduate qualifications in nursing, has previous experience in the aged care sector. He has been working at this facility since 1 December 2014.</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</p>	PA Low	<p>A quality and risk management programme in place. Interviews with the managers and staff reflect their understanding of the quality and risk management systems that have been put into place.</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. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents’</p>

<p>reflects continuous quality improvement principles.</p>		<p>falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data and benchmarked results are discussed in staff meetings. Missing is consistent evidence of corrective actions being implemented and signed off when completed.</p> <p>Falls prevention strategies are in place. A health and safety system is in place. Hazard identification forms and a hazard register are in place. The organisation holds tertiary accreditation by ACC for their workplace safety management programme.</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>PA Low</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>The current managers are aware of their requirement to notify relevant authorities in relation to essential notifications. It was noted that during an infectious outbreak in May 2014, that public health was not notified for eight days after the outbreak began.</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>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files sampled included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. Staff interviewed stated that new staff are adequately orientated to the service.</p> <p>A register of practising certificates is maintained.</p> <p>There is an annual education and training schedule that is being implemented but attendance has been very low. Opportunistic education is provided via toolbox talks. Aged Care Education (ACE) is undertaken by the caregivers. Education and training for clinical staff is linked to external education provided by the District Health Board. In response to the HealthCERT letter dated 5 February 2015, following complaint training was provided around abuse and neglect and communication in 2013.</p>
<p>Standard 1.2.8: Service</p>	<p>PA Low</p>	<p>The staffing levels meet contractual requirements. The relieving facility manager and clinical manager are</p>

<p>Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>registered nurses who are available during weekdays. Adequate RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of healthcare assistants. Interviews with the residents and relatives confirmed staffing overall was satisfactory although it was identified during the audit that the response times to call bells is greater than what is expected.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas.</p> <p>Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse including designation.</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>	<p>FA</p>	<p>Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment is completed on admission. The service has specific information available for residents/families/whānau at entry and it included associated information such as the Code, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were 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>	<p>FA</p>	<p>The transfer /discharge/exit procedures include a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family were available to assist with transfer, and copies of documentation were forwarded with the resident.</p>
<p>Standard 1.3.12: Medicine Management</p>	<p>FA</p>	<p>Bupa has comprehensive medication policies in place. Medication storage and administration follow safe guidelines. Medication reconciliation is completed on admission and the policy includes guidelines on</p>



<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>checking medications on admission.</p> <p>All staff administering medication have completed an annual medication competency.</p> <p>Twenty medication charts were reviewed. They were legible and met legislative guidelines including photographic identification. Signing on administration was up to date, including as required medications (PRN). All PRN medications had indication for use identified on the medication chart. All medication charts identified any allergies. Medication charts reviewed had written evidence of the GP three monthly reviews, or more as conditions changed, all had been signed and dated. Weekly medication checks documented.</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 national menus have been audited and approved by an external dietitian. At David Lange there is an additional Pacific Island and Indian menu provided for every meal over seven days. All residents can decide which menu they would like each meal from. The service employs a kitchen manager, cooks and kitchen assistants. Fridge temperatures are monitored and documented daily. All food containers are labelled and dated. Meals are prepared in the kitchen and served to ground floor residents from a bain marie in the kitchen. Meals are delivered to the dining room on the other two floors.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes including residents under 65 years old. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen as reported by the kitchen manager. Special diets are noted on the kitchen notice board which is able to be viewed only by kitchen staff, special diets are catered for.</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>	<p>FA</p>	<p>The reason for declining service entry to residents to the service would be recorded on the declined entry form, and when this has occurred, the service stated it had communicated to the resident/family/whānau and the appropriate referrer.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and</p>	<p>FA</p>	<p>All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission which formed the basis of resident goals and objectives. Assessments were reviewed at least six monthly in resident files sampled. Appropriate risk assessments had been completed for individual resident issues</p>

preferences are gathered and recorded in a timely manner.		(link to the HealthCERT letter dated 5 February 2015).
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Low	The long term care plan records the resident's problem/need, objectives, interventions and evaluation for identified issues. Four of ten files sampled include interventions for all assessed needs (link to the HealthCERT letter dated 5 February 2015). The service has a specific short term care plans that included short term cares. Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Moderate	When a resident's condition alters, the registered nurses initiate a review and if required, GP or specialist consultation. This has occurred for two of four resident files sampled where there has been weight loss. Two hourly turns were not always documented as completed (link to the HealthCERT letter dated 5 February 2015). The caregivers interviewed stated that they have all the equipment referred to in care plans and necessary to provide care. All staff report that there is always adequate continence supplies and dressing supplies. Residents and families interviewed were complimentary of care received at the facility. The care being provided is consistent with the needs of residents; this is evidenced by discussions with four caregivers, three families interviewed, and clinical manager (link to the HealthCERT letter dated 5 February 2015). There is a short-term care plan that is used for acute or short-term changes in health status. D18.3 and 4 Dressing supplies are available and a treatment room is stocked for use.  Wound assessment and wound management plans are in place. All wound assessments have completed short term care plans describing appropriate interventions. Eleven wounds have been reviewed in the timeframes.
Standard 1.3.7: Planned Activities 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.	FA	There are two activity co-ordinators (one of who is relieving while a position is vacant), one who works full time and the other two days per week. There is an activities assistant who works full time. Each is responsible for activities on one floor and there are separate programmes for each floor with all residents able to choose which programme they attend. There is a full and varied activities programme in place which is appropriate to the level of participation from residents with regular outings. On the day of audit residents in all areas were observed being actively involved with a variety of activities. The programme is developed weekly and displayed in large print in communal areas and resident bedrooms. Residents and families interviewed voiced their satisfaction for the activities programme and felt that recreational needs were being met including two residents under 65 years old who report that their individual needs are met.

		Residents have an activities assessment completed over the first few weeks. D16.5d: Resident files reviewed identified that the individual activity plan is reviewed when the care plan is reviewed.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans reviewed at least six monthly and have been updated as changes were noted in care requirements (link to the HealthCERT letter dated 5 February 2015). Care plan evaluations were comprehensive, relate to each aspect of the care plan and record the degree of achievement of goals and interventions. Short term care plans are utilised for residents (link to the HealthCERT letter dated 5 February 2015) and any changes to the long term care plan have been dated and signed.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained (link to the HealthCERT letter dated 5 February 2015). Residents' and or their family/whanau are involved as appropriate when referral to another service occurs.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Laundry and sluice rooms are locked when not in use. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.
Standard 1.4.2: Facility	FA	The service displays a current building warrant of fitness. Hot water temperatures are checked monthly.

<p>Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>Medical equipment and electrical appliances have been tested and tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are rooms with full ensuites, rooms with shared ensuites and rooms without ensuites. There are sufficient numbers of resident communal toilets and showers in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs.</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>	<p>FA</p>	<p>The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms are personalised.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is a large lounge and dining room on each level. The dining rooms and lounges are spacious. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are able to move around the facility and staff assisted them when required. Activities take place in any of the lounges.</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>David Lange monitors the effectiveness and compliance of cleaning and laundry policies and procedures. There is a separate laundry area where all linen and personal clothing is laundered by designated laundry staff. Staff have attended infection control education and there is appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.</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>Emergency and disaster policies and procedures are in place. An approved fire evacuation plan is in place. Fire evacuation drills take place every six months. The orientation programme and annual education and training programme includes mandatory fire and security training. Staff interviews confirm their understanding of emergency procedures.</p> <p>Required fire equipment was sighted on the day of audit and all equipment has been checked within required timeframes. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, gas cooking and back-up power.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity (link 1.2.8.1). There is a minimum of one person who available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p> <p>External lighting and security systems are adequate for safety and security.</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>All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed</p>	FA	<p>Bupa has an established infection control (IC) programme that is implemented at David Lange. The infection control programme has been appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. A registered nurse has been the designated infection control nurse with support from the clinical manager and other Bupa infection control</p>

<p>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>		<p>coordinators. The IC team meets to review infection control matters. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually.</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>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme at David Lange. The relieving infection control (IC) nurse has maintained her 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 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>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated at least annually.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service</p>	<p>FA</p>	<p>The facility is committed to the on-going education of staff and residents. Education is facilitated by the infection control coordinator with support from the clinical manager. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and were advised not to attend until the outbreak had been resolved. Information was provided to</p>

<p>providers, support staff, and consumers.</p>		<p>residents and visitors that are appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided in 2014.</p>
<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.</p>	<p>FA</p>	<p>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control co-ordinator. Infection control data is collated monthly and reported at the facility meetings. The infection control programme is linked with the quality management programme. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP's that advise and provide feedback /information to the service. Systems in place are appropriate to the size and complexity of the facility. The service has had two outbreaks since the last audit (link 1.2.4.1).</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>PA Low</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. The service has four residents with bedrails on the enabler register. No residents are on the restraint register.</p> <p>A security code is in place which is limiting the freedom of movement from the main corridor into reception for a select group of residents who are either blind or unable to enter the security code themselves and must get staff to assist. The operations manager reports that the use of this lock for security purposes is historical and is currently being reviewed. Residents who are at risk of wandering have tracking systems in place.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	Corrective action plans are developed where areas for improvements are identified including in response to benchmarking results, internal audit outcomes and complaints.	There is a lack of consistent evidence to reflect the implementation and sign-off of developed corrective action plans.	<p>Ensure that corrective action plans that address areas requiring improvement are consistently implemented and signed off when completed.</p> <p>90 days</p>



<p>Criterion 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p>	<p>PA Low</p>	<p>The service had an outbreak with the first two residents showing symptoms on 20 May 2014, one resident the following day and a further two on 22 May 2014. Public health were notified following the long weekend on 28 May 2014.</p>	<p>Public health were not notified in a timely manner of an infectious outbreak.</p>	<p>Ensure essential reporting is undertaken in a timely manner to the correct authority.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>PA Low</p>	<p>Education and training programmes are in place for staff. This includes in-service training, competency testing and impromptu education and training sessions referred to as toolbox talks. An in-service schedule is in place. Staff attendance is recorded on a spread sheet and reflects low attendance rates at some of the mandatory in-services that were offered in 2014. Staff attendance at fire safety and infection prevention and control in-services are satisfactory. The managers are aware of low staff attendance at some mandatory education and training programmes and are putting strategies in place to improve attendance rates.</p>	<p>Attendance at staff education and training in-services have fallen to low levels for some mandatory topics including the code of rights, abuse and neglect, cultural safety, privacy and managing challenging behaviours.</p>	<p>Ensure staff attend education and training.</p> <p>90 days</p>
<p>Criterion 1.2.8.1</p> <p>There is a</p>	<p>PA Low</p>	<p>Staffing rosters and discussions with the managers and staff confirm that staffing levels are appropriate. The relieving facility manager and clinical manager are RNs who work full time. Three RNs are roster for the AM shift plus 2 RN unit coordinators, two RNs are rostered for the PM shift and two</p>	<p>The times to answer call bells exceeds what is expected practice as</p>	<p>Ensure staff levels allow for staff to respond to call</p>

clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.		RNs are rostered for the night shift. Twelve caregiver staff work during the AM shift, eight work during the PM shift and four caregiver staff work during the night shift. A casual pool of staff are available and staff are asked at times to cover extra shifts. Resident safety is maintained when staff are working extra hours. Bupa policy states that call bells will be answered within two minutes. It was noted during the audit in interviews with two residents and one family that staff are slow in responding to call bells. This was also evidenced in an audit of call bell response times (September 2014) and during observation by the auditor when it took nine minutes for a staff to respond to a call bell.	defined in Bupa policy.	bells in a timely manner.  60 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Low	The long-term care plan is completed within three weeks with GP involvement within 48 hours. Plans are reflected in the progress notes. The care plan is a templated document with sections for various identified areas. The residents and families interviewed confirm care delivery and support by staff is consistent with their expectations. D16.3k, Short term care plans are in use for changes in health status.	Four of four rest home files and two of six hospital files sampled do not contain interventions for all identified needs. Examples include cultural needs, use of a walking frame, use of a wheelchair, enabler use, pain management and a soft diet. Caregivers interviewed were aware of current resident needs and therefore the risk has been minimised (link 1.3.6.1).	Ensure that all care plans include documented interventions for all identified needs.  90 days
Criterion 1.3.6.1 The provision of services	PA Moderate	Monitoring records are kept for pain management, food intake, fluid balance and regular turns. Pain management and food and fluid intake forms sampled show appropriate care provided.  Weights are recorded monthly with referral to a dietitian is a resident has lost	(i) Two of two, two hourly turning charts sampled do not consistently document two hourly turns. (ii) Two residents in the rest home	(i) Ensure two hourly turns are documented as completed

<p>and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>5% of body weight in one month, 7.5% in three months or 10% in six months.</p> <p>There were 15 wounds documented in the wound folder including six pressure areas. Short term care plans were completed for wounds and each wound has a detailed assessment and management plan, which has been updated as required. The wound review form documents as part of the record of the review when the wound should next be reviewed.</p>	<p>with gradual on-going weight loss over the last six months have not had this identified and addressed. (iii) Four of 15 wounds have not been reviewed in the stated time frames.</p>	<p>every two hours. (ii) Ensure gradual weight loss is identified and addressed. (iii) Ensure all wounds are documented as reviewed within stated timeframes.</p> <p>90 days</p>
<p>Criterion 2.1.1.4</p> <p>The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	<p>PA Low</p>	<p>Assessment and consent processes are in place for each of the four residents using an enabler. Staff understand the definitions of a restraint and an enabler. Restraint education and competency assessments are in place for staff (link to finding 1.2.7.5). Environmental restraint is being used with code access to exit the facility thereby limiting external access to residents who are unable to enter the code and depart the facility without the assistance of staff.</p>	<p>Environmental restraint is in place limiting access to residents who are unable to freely leave without staff assistance.</p>	<p>Ensure restraint procedures are followed for environmental restraint.</p> <p>90 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.