

Bupa Care Services NZ Limited - Stokeswood Rest Home & Hospital

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:	Stokeswood Rest Home & Hospital
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: 23 February 2015 End date: 24 February 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	70

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Stokeswood is part of the Bupa group. The service is certified to provide rest home, hospital and dementia care for up to 87 residents. On the day of audit there were 70 residents. Stokeswood is managed by a care home manager (registered nurse) who has been in the role for three years. The manager is also supported by a clinical manager and Bupa operations manager. Family and residents interviewed spoke positively about the care and support provided at Bupa Stokeswood.

This certification audit was conducted against the Health and Disability Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and general practitioner.

This audit identified improvements required around assessments, interventions and referrals.

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 functions in a way that complies with the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is readily available to residents and families. Policies were implemented to support residents’ rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes were implemented according to the Code. There is a Maori Health Plan and implemented policy in place to support practice. Policies were implemented to support resident’s rights. There is an independent resident advocate. Residents are encouraged to maintain community links.

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 facility is governed by the Bupa Group. Bupa has a business plan in place and the facility operates a quality plan, which includes goals for the calendar year. The quality and risk management system is overseen and coordinated by Bupa head office staff. Key components of the quality management system are in place. An annual resident/relative satisfaction survey is completed and there are regular resident/relative and staff meetings where quality and risk performance is reported. The performance in the facility is benchmarked against other comparable Bupa rest home, dementia and hospital units. There are human resources policies in place to guide recruitment of new employees and their selection, orientation and on-going staff training and development. There is an in-service training programme covering relevant aspects of care and support and external training which is well attended by staff. The organisational staffing policy aligns with contractual requirements and includes skill mix.

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 low risk.
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The registered nurses are responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident/family/whanau. The service has addressed a previous audit finding around aspects of care planning however further improvements are required around assessments, interventions and referrals to reflect resident current health care needs. The activity programme is varied and appropriate to the level of abilities of the residents. Medications are managed, stored, and administered with supporting documentation. Medication training and competencies are completed by all staff responsible for administering medicines. Food is prepared on site with individual food preferences, dislikes and dietary requirements assessed by the registered nurses and a dietitian.

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. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building has a current warrant of fitness. 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. Documented systems are in place for essential, emergency and security services. Residents can freely mobilise within the communal areas with safe

access to the outdoors, seating and shade. Resident bedrooms are spacious and personalised with access to ensuites or shared facilities.

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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There is a restraint policy in place with associated procedures and forms. The policy contains definitions of restraint and enablers that are congruent with the definitions included in the standards. The clinical manager/restraint coordinator oversees restraint/enabler usage within the facility. The service currently has eight residents using a restraint and four residents voluntarily using enablers.

A register for restraints and enablers is maintained. Review of restraint use across the group is reviewed at regional restraint approval groups and at the facility quality meetings. Staff are trained in restraint minimisation and restraint competencies had been completed.

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 is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme has been reviewed annually. The infection control co-ordinator role is shared between the care home manager and clinical manager who are responsible for coordinating/providing education and training for staff. The infection control co-ordinators are supported by the Bupa quality team. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. Information obtained through surveillance is used 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.

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	48	0	2	0	0	0
Criteria	0	99	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is prominently displayed in the facility. Code of Rights brochures are readily available for consumers of the service. The service provides families and residents with information on the Code on entry to the service. All care staff interviewed (the care home manager, the clinical manager, two registered nurses, one enrolled nurse and six caregivers) demonstrated an understanding of the Code and could describe how they incorporate residents rights into everyday practice. Staff receive training about the Code at orientation and through on going in-service training.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There are signed general consents in nine of nine resident files sampled. Resuscitation treatment plans and advance directives were appropriately signed in the files sampled. Discussions with caregivers confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms. There was evidence of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. There were copies of</p>

		<p>enduring power of attorney and letter of mental capacity held in the files the dementia care residents files sighted.</p> <p>D13.1 there were nine admission agreements sighted and all had been signed.</p> <p>D3.1.d Discussion with families identified that the service actively involves them in decisions that affect their relative's lives.</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>Staff practice is guided by the advocacy policy. Residents are provided with a copy of the Code and advocacy pamphlets on entry. The care home manager, the clinical manager, registered nurses and care staff were aware of advocacy and support options for residents. Staff receive education on the Code and the provision of advocacy services. Residents and family members interviewed confirm that they are aware of their right to access advocacy support.</p> <p>The resident advocate (chaplain) provides family and resident support, chairs the resident meetings, blesses rooms and takes church services on-site.</p> <p>D4.1d: The service provides opportunities for the family/EPOA to be involved in decision-making.</p> <p>D4.1e: Nine resident files reviewed included information on resident's family/whanau and chosen social networks.</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 maintain their connections with their family and the wider community. Visitors were observed coming and going throughout the duration of the onsite audit and the managers maintain regular contact with families. The activities policy encourages links with the community. Activities programmes include opportunities to attend events outside of the facility. Residents are assisted to meet responsibilities and obligations as citizens such as voting and completion of the Census.</p> <p>D3.1.e: Residents and family members interviewed confirm that staff help them to maintain their links to family and to access the community as much as possible.</p>
Standard 1.1.13: Complaints Management	FA	Residents and their families are provided with information on the right to

<p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>		<p>complain on entry to the facility. The complaints brochure and complaints form is displayed in the foyer. Residents and family members interviewed confirm that they are aware of the complaints process. The number of complaints received each month is reported monthly to the regional manager and Bupa Care Services. A complaint, compliments and suggestions register is maintained. Complaints received have been appropriately managed within required timeframes.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>D6.1, D6.2 and D16.1b.iii The information pack provided to residents on entry includes a copy of the Code, information on how to make a complaint, and information on the Nationwide Health and Disability Advocacy Service. On entry to the service, the care home manager or the clinical manager will discuss the information pack with the resident and their family/whanau. There are brochures and information on advocacy readily available.</p> <p>Interviews with six residents (five rest home and one hospital) and seven relatives (one rest home resident, four hospital and two dementia unit) identified they were aware of their rights and could approach the managers at any time if they have concerns.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Staff show respect for privacy and personal space (observed during the audit). Resident files are held in locked nurses' offices. All care staff interviewed demonstrated an understanding of privacy. Residents and family members interviewed confirm that staff promote resident independence wherever possible and that resident choice is encouraged. Care plans reviewed identified specific individual likes and dislikes. Staff practice is guided by the Code of Conduct and a range of policies. Bupa have a neglect and abuse policy which includes definitions and examples of abuse so that staff are clear on Bupa's expectations. Abuse and neglect training was last delivered in March 2014.</p> <p>D3: Resident information provided on admission outlines Bupa's vision and values.</p> <p>D3.1b, d, f, i: The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality.</p> <p>D4.1a: Cultural and religious beliefs of residents are considered through</p>

		<p>the admission and assessment process.</p> <p>D14.4: There are clear instructions provided to residents on entry regarding responsibilities of personal belongings in their admission agreement. Personal belongings were documented and included in resident files sampled.</p> <p>E 4.1a Residents in the dementia service are encouraged to maintain their independence where possible (confirmed in discussion with two relatives the caregivers on duty in the dementia unit).</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>Residents who identify as Maori have their cultural values identified on admission. At the time of audit there were no residents who identified as Maori. There are staff who identify as Maori. Staff receive on-going education on cultural awareness including respect for tikanga. Family/whanau involvement is encouraged in assessment and care planning and visiting is encouraged. A family/whanau contact sheet is also used by staff to show contact with family/whanau regarding aspects of their family/whanau member's stay/care.</p> <p>A3.1: Residents who identify as Maori will be provided with services that acknowledge their individual values and beliefs.</p> <p>A3.2: There is a Maori health plan that includes a description of how they will achieve these requirements.</p> <p>D20.1i: The Bupa Maori health policy was first developed in consultation with kaumatua and is utilised throughout Bupa's facilities. Tikanga best practice guidelines is summarised for staff use as a flip chart and is displayed throughout the facility. Local Iwi and contact details of tangata whenua are identified.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Individual cultural needs/requirements, spiritual values and beliefs are identified on admission. A cultural assessment tool is completed for all residents as part of their admission process. Family assist residents to complete their ' map of life' which provides staff with a broad understanding of the resident.</p> <p>Residents and family members interviewed confirm that the values and beliefs of residents are considered and staff respect cultural and spiritual values and beliefs.</p>

		<p>D3.1g: The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment, planning process and interviews with residents confirmed that cultural values and beliefs were considered and discussed during review of the care plan.</p> <p>D4.1c: Nine of nine resident's files reviewed included information on the resident's social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The Bupa Code of Conduct for staff is included in each employee information pack given when they commence employment. Job descriptions identify responsibilities for each position. There is policy to guide staff practice which covers gifts, gratitude's and benefits and delegations of authority. Bupa management provide guidelines and mentoring for specific situations.</p> <p>All care staff interviewed were aware of professional boundaries. Staff were aware of the actions they should take in the event that they believe a staff member is not maintaining a professional approach to practice.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>A2.2: Services are provided at Bupa Stokeswood that adhere to the health & disability services standards. There is an established quality improvement programme that includes performance monitoring. Performance at the Stokeswood is currently benchmarked in three areas (rest home, dementia and hospital) against other NZ Bupa facilities. Graphs and data are provided to management and displayed for staff. Corrective actions are completed when trends are evident or areas are identified above the benchmark. Corrective action plans have been established and evaluated for effectiveness.</p> <p>D1.3: All approved service standards are adhered to.</p> <p>D17.7c: There are implemented competencies for caregivers and registered nurses. Competencies are completed for key nursing skills. Registered nurses have access to external training.</p> <p>Two of the national health and safety goals for 2015 include reducing staff incidents. The service has appointed moving and handling "champions" who attend smooth handling courses annually. All care staff complete moving and handling education and competencies annually. The number of strains and sprains have reduced from 10 in 2013 to five in 2014. The second goal is to improve overall staff health and wellbeing with the 'Be fit'</p>

		<p>programme. This programme includes education and support for staff around personal exercise, correct resident lifting and handling, and supporting them to feel more valued.</p> <p>Bupa has a "personal best" initiative whereby staff undertake a project to benefit or enhance the life of a resident(s). The majority of staff have achieved bronze status. Personal best training is scheduled for this year.</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>Accident/incidents, complaints procedure and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Incident/accident forms (27) sampled identified the relatives had been informed. Relatives interviewed confirmed they were notified of any incidents/accidents or changes to the residents health status.</p> <p>There is a Bupa residents/relatives association that communicates information to relatives. It provides a strategic forum for news, developments and quality initiatives for the Bupa group which is then communicated to the wider consumer population. There is also a Bupa NZ communications manager whose role is to keep people informed and engaged about Bupa NZ's strategy and the role they play, to manage how, when and what Bupa NZ communicates to keep key audiences informed.</p> <p>The interpreter policy states that each facility will attach the contact details of interpreters to the policy. A list of Language Lines and Government Agencies is available. In addition, there are a number of staff who are able to assist with interpreting for care delivery. A policy on contact with media is also available.</p> <p>D12.1: 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 Hospital – what you need to know" is provided to residents on entry</p> <p>A13.1; A13.2; A14.1; D16.1b.ii, D 20: The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.</p> <p>D11.3 The information pack is available in large print and advised that this can be read to residents if preferred.</p>

		<p>The care home manager changed the format of the meeting minutes to ensure the residents received feedback on their concerns. Meeting minutes are displayed. Minutes sighted for October 2014 and February 2015 evidence resident satisfaction with the feedback (verbal and written) at resident meetings. Survey results were discussed at the March 2015 resident meeting as evidenced in the meeting minutes.</p> <p>Residents and families were kept well informed regarding construction of the new 24 bed hospital wing from February to August 2014. Contractors met with residents and families prior to construction. The contractor provided construction updates to residents and families at monthly progress meetings. All meeting minutes were displayed for residents and relatives. Newsletters were also sent out to families. The care home manager met with residents informally on a daily basis keeping them updated and addressing any concerns the residents had regarding the building project. There was a site construction hazard board in place alerting staff, visitors and residents of site hazards. The care home manager updated the daily hazard board within the facility. There were no resident or staff incidents or accidents throughout the construction period.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Stokeswood is owned and operated by Bupa Care Services NZ (Bupa). Stokeswood provides rest home, hospital and dementia care for up to 87 residents. On the day of audit there were 43 rest home residents (including 1 resident under 65 years and three respite residents), 23 hospital residents and four dementia care residents.</p> <p>Bupa's overall vision is "Taking care of the lives in our hands". There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Stokeswood 2014 quality goals have been reviewed. An ongoing quality goals for 2015 includes the reduction of falls. Quarterly quality reports on progress towards meeting the quality goals are completed and forwarded to the Bupa Quality and Risk team.</p> <p>The care home manager is a registered nurse with a background in gerontology and experience in aged care at clinical management level. She has been in the role over three years and is supported by an experienced clinical manager who has been in the role for six years. Support is also provided by the operations manager who visits at least</p>

		<p>monthly.</p> <p>Facility and clinical managers attend annual organisational forums and regional forums six monthly.</p> <p>D17.3di The care home manager and clinical manager have both maintained at least eight hours annually of professional development activities related to managing a hospital (including annual Bupa conference and forums and InterRAI managers training).</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During a temporary absence, the clinical manager covers the facility manager's role. The service is supported by the Bupa Operations Manager. The clinical manager takes overall responsibility for clinical care and reports to the facility manager. She is assisted by a unit coordinator and senior caregivers.</p> <p>D19.1a; Bupa recognises its safety obligations and has implemented operational management strategies and programmes to minimise unwanted events and to enhance quality. There are a suite of policies, related procedures and forms in place to guide staff practice, enhance quality and to minimise the risk of unwanted events occurring.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Bupa Stokeswood has a robust quality and risk management system implemented. Quality and risk performance is reported across the facility meetings, and also to the organisation's management team. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>Policies and procedures are approved, up to date, available to staff and managed by quality and risk at head office to preclude the use of obsolete documents. New/reviewed policies are released by email from head office to the facility. Changes are discussed in tool box talks and staff sign as having noted/read the policies.</p> <p>Key components of the quality management system link to the quality meetings at Stokeswood. Audit outcomes, quality data (infection control, accident/incident, and concerns/complaints) were discussed and documented in management, clinical and service meetings. The care</p>

		<p>home manager provides weekly reports to the operations manager.</p> <p>Internal resident/relative surveys are conducted annually last in November 2014 with a 90% satisfied with the services. The survey results were collated and areas of concerns discussed at management/organisational level with action plans implemented. Monthly accident/incident and infection control reports are completed by the clinical manager that break down the data collected across the facility. All data is linked to the quality and risk management system including complaints, infections, restraint management and health and safety. Benchmarking occurs across all facilities and data is accessed on-line.</p> <p>Corrective action plans were implemented when quality improvements were identified and responsibilities were identified. The service has an implemented internal audit programme. Corrective actions have been raised for results below 95% and signed off when completed (sighted). Corrective action plans are monitored by management.</p> <p>D19.3: There is a health and safety and risk management programme in place with annual quality goals. The health and safety committee meet two monthly. Meeting minutes sighted cover previous matters, accident/incident rates, trends, corrective actions and quality improvements. The health and safety systems are included in the internal audit programme. There is a current hazard register last reviewed March 2014.</p> <p>D19.2g: Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The facility has formed a key performance indicator group to focus on falls prevention. All residents identified as falls risk have sensor mats in place and are on the vitamin D programme. A falls analysis tool identifies time and location of falls. Other falls prevention strategies are the use of low beds, perimeter guards and hip protectors. A caregiver is designated to stay in the lounge with high falls risk residents. The falls rate has reduced in the hospital level from 27 in December to 9 in January 2015.</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</p>	<p>FA</p>	<p>The service collects incident and accident data in accordance with policy. Serious incidents and accidents are termed category one events and these types of events are listed in policy. Completed accident and incident</p>

<p>where appropriate their family/whānau of choice in an open manner.</p>		<p>forms sampled (12 hospital – January 2015, 10 rest home – January and five dementia care – February 2015) were written by the staff member involved and forwarded to the clinical manager who then investigated the incident and recorded the event in the database. The care home manager ensures corrective actions are implemented and followed-up. There is evidence of open disclosure following adverse events.</p> <p>Staff have attended education about adverse event management and the need for open disclosure. The accident and incident reporting system is included in the internal audit programme. The data is linked to the organisation's benchmarking programme and this is used for comparative purposes.</p> <p>Discussions with the care home manager and clinical manager confirm they have an awareness of the requirement to notify relevant authorities in relation to essential notifications.</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 comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. Eight staff files were reviewed and all were up to date including annual appraisals. Annual practicing certificates for qualified staff and allied health practitioners were valid.</p> <p>The service has implemented the Bupa orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g. RN, support staff) and includes documented competencies. Caregivers interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>The service employs an educator/career force assessor for eight hours a week who oversees the training programme and supports caregivers to achieve national qualifications. Bupa has a comprehensive annual education schedule in place. Bupa maintains its own Nursing Council of NZ approved PDRP and takes over the responsibility for auditing their qualified nurses.</p> <p>D17.7d: RN competencies include but are not limited to; assessment tools, BSLs/Insulin administration, medicines management including controlled drug administration, wound management, moving & handling, nebuliser use, oxygen administration, restraint management, and syringe</p>

		<p>driver for residents receiving palliative care.</p> <p>E4.5d, e: Staff working in the dementia unit receive a planned orientation and are familiarised with the physical layout including the emergency management system in use (confirmed in discussions with one caregiver who were on duty in the dementia unit).</p> <p>E4.5f, g: Five of six caregivers involved in the provision of care in the dementia unit have appropriate dementia qualifications. One of the six caregivers has commenced dementia standards within the required timeframe. Two support caregivers who work in the rest home and hospital also have dementia specific qualifications.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes policy on skill mix. Bupa uses the WAS (Wage Analysis Schedule), which is based on the safe indicators for aged care and dementia care to determine the staffing requirements for each facility. The care home manager and the clinical manager are both registered nurses with current practising certificates. Both typically work weekdays from Monday to Friday and are onsite from 8 am to 5 pm and the on call requirements are rotated between them.</p> <p>Bupa is aware of the need to provide sufficient staff to meet the residents' needs in the dementia unit. There is at least one staff member on duty in the dementia unit at all times and additional staff are available in the facility.</p> <p>E4.5c: The unit co-ordinator (RN) from the rest home/hospital oversees the residents in the dementia unit.</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 resident files were appropriate to the service type. Information containing personal resident details was kept confidential and cannot be viewed by other residents or members of the public. Resident files were protected from unauthorised access by being held in a locked room. All resident records contain the name of resident and the person completing the entry. Individual resident files demonstrate service integration. There is an allied health section that contains general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident. The records management system is included in the internal audit programme.</p>

		D7.1 Entries are legible, dated, timed and signed by the relevant caregiver or registered nurse including designation.
<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>All residents have a needs assessment completed prior to entry that identifies the level of care required. The care home manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>Residents and relatives interviewed stated that they received sufficient information on admission and discussion was held regarding the admission agreement. There is a well-developed information pack, which includes advocacy and health and disability information.</p> <p>D13.3 the admission agreement reviewed aligns with a) -k) of the ARC contract.</p> <p>D 13.3 k: The admission agreement includes information about when a resident may be required to leave the facility.</p> <p>D14.1 Exclusions from the service are included in the admission agreement.</p> <p>D14.2 The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</p> <p>E4.1.b There is written information on the service philosophy and practices particular to the Unit included in the information pack including (but not limited to): a) the need for a safe environment for self and others; b) how behaviours differ from other residents are managed and c) specifically designed and flexible programmes, with emphasis on minimising restraint and behaviour management.</p> <p>E3.1 Two resident files reviewed in the dementia unit included a needs assessment as requiring specialist dementia care.</p> <p>All residents have a needs assessment completed prior to entry that identifies the level of care required. The care home manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</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>There is an exit discharge and transfer policy that describes guidelines for death, discharge, transfer, documentation and follow up. This directs staff to the appropriate documentation. All relevant information is documented and communicated to the receiving health provider or service. Follow up</p>

		occurs to check that the resident is settled or, in the case of death, communication with the family is made.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. All staff observed were safely administering medications. Registered nurses and care staff interviewed were able to describe their role in regard to medicine administration. A contracted pharmacy supplies packed medications. All 18 medication charts sampled met all the prescribing requirements. Each drug chart has a photo identification of the resident and allergies or nil known allergies are recorded on the medication chart. Residents who wish to self-medicate are appropriately assessed and supported to do so. Internal medication audits were completed six monthly. The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly.</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>	FA	<p>All meals at Bupa Stokeswood are prepared and cooked on site. There is a six weekly winter and summer menu which had been reviewed by a dietitian. Meals are prepared in a well-appointed kitchen adjacent to the rest home dining room. Meals are served from bain maries by kitchen staff. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the registered nurse or clinical manager. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food.</p> <p>E3.3f: There is evidence that there are additional nutritious snacks available over 24 hours.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p>	FA	<p>The reason for declining service entry to residents should this occur is communicated to the resident or family/ whanau and they are referred to</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>the original referral agent for further information.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The initial support plan is developed with information from the initial assessment. Clinical risk assessments include continence, safe handling, falls risk, pressure area risk, mini nutritional assessment, cultural needs assessment, pain assessment, challenging behaviour and wound assessments are available for use as applicable. Risk assessments were completed on admission and reviewed six monthly in the resident files sampled. Risk assessment tools are used to identify the required needs and interventions required to meet resident goals.</p> <p>E4.2; Four dementia resident files sampled included an individual assessment that included identifying diversional, motivation and recreational requirements.</p> <p>E4, 2a In four of four resident files sampled challenging behaviours assessments were completed. Behaviour nursing care plans were in place.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Resident centred care plans describe the individual support and interventions required to meet the resident goals (link 1.3.6.1). The care plans reflect the outcomes of risk assessment tools. Care plans demonstrate service integration and include input from allied health practitioners.</p> <p>D16.3k: Short term care plans were in use for changes in health status.</p> <p>D16.3f: There is documented evidence of resident/family/whanau involvement in the care planning process. Residents/relatives interviewed confirmed they participate in the care planning process.</p> <p>E4.3: Two of four resident files reviewed identified current abilities, level of independence, identified needs but limited behavioural management strategies. (# link 1.3.6.1)</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>A written record of each resident's progress is documented. Changes are followed up by a registered nurse (evidenced in residents' progress notes sighted). When a resident's condition alters, the registered nurse initiates a review and if required, a GP consultation or referral to the appropriate</p>

		<p>health professional is actioned, however intervention shortfalls have been identified in one hospital and two dementia care plans.</p> <p>When a resident health needs change or at the six monthly care plan review the registered nurse updates the residents care plan to reflect current health care needs. The clinical staff interviewed advised that they have all the equipment referred to in care plans necessary to provide care. Monitoring of restraints and enablers is undertaken in all but one resident file.</p> <p>Dressing supplies are available and a treatment rooms are well stocked for use. Wound documentation was reviewed and includes wound assessment, treatment plans and evaluations and progress notes. The wound care nurse specialist is involved with assessment and treatment of chronic wounds and is available for advice. Continence products are available and specialist continence advice is available as needed. Short term care plans are recorded and plans reviewed documented sufficient detail to guide care staff in the provision of care. A physiotherapist is employed to assess and assist resident's mobility and transfer needs.</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 activities staff at Bupa Stokeswood provide an activities programme over five days per week and care staff assist at the weekend. Group activities are voluntary and developed by the activities staff. Residents were able to participate in a range of activities that were appropriate to their cognitive and physical capabilities. The service has two vans which are used for resident outings. The group activity plans were displayed on notice boards around the facility. There is one programme and residents from all units attend which activity they wish to attend. All residents who do not participate regularly in the group activities are visited by a member of the activity staff with records kept to ensure all such residents are included. All interactions observed on the day of the audit indicated a friendly relationship between residents and activity staff. The resident files reviewed included a section of the care plan was for activity and has been reviewed six monthly. Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via meetings and surveys. The organisation has an occupational therapist who oversees the activity programme, is available for activity staff to discuss recreational programmes and provides education for activity staff twice a year. The newly opened dementia unit has activities conducted by the care staff on a one on one or group basis with residents also joining in</p>

		with rest home and hospital activities. The service aims to appoint an activity person from 2-6.00pm when dementia care resident numbers reach seven-ten. The residents are maintaining links with the community and continuing activities they participated in outside of the unit.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Initial care plans are evaluated within three weeks of admission. Long term care plans are reviewed and evaluated by the registered nurses or when changes to care occur (# link 1.3.6.1). A multi-disciplinary team meeting is conducted six monthly for each resident and involves all relevant personnel. The house GP examines the residents and review the medications three monthly. Short term care plans for short term needs were evaluated and resolved or ongoing long term problems recorded in the long term care plan.
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.	PA Low	Referral to other health and disability services is evident in sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. D16.4c; An improvement is required around re-assessments for higher level of care. D 20.1: discussions with the clinical manager and one registered nurse identified that the service has access to GPs, ambulance/ emergency services, allied health, dietitians, physiotherapy, continence and wound specialists.
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	Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety data sheets were readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A chemical spills kit is available.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness that expires on 30 June 2015. There is a full time property manager who is available on call for facility matters. Planned and reactive maintenance systems are in place and maintenance requests are generated through maintenance request books. All electrical equipment has been tested and tagged.

		<p>Clinical equipment has had functional checks/calibration annually. Hot water temperatures have been tested and recorded fortnightly with corrective actions for temperatures outside of the acceptable range. Preferred contractors are available 24/7.</p> <p>Corridors are wide in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas. There is outdoor seating and shade. There is a designated smoking area for residents who smoke.</p> <p>ARC D15.3: The caregivers and registered nurses (interviewed) state they have all the equipment required to provide the care documented in the care plans. The following equipment is available: electric beds, ultra-low beds, sensor mats, standing and lifting hoists, mobility aids and wheel-on weigh scales.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Visual inspection evidences toilet and shower facilities are of an appropriate design to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. All bedrooms in the hospital have a single ensuite, rest home single toilet and shared shower facilities and dementia unit shared facilities. There are sufficient shower and toilets for the residents in all units. There are communal toilets located near the lounge/dining rooms. Communal toilet facilities have a system that indicates if it is engaged or vacant.</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>There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. The doors are wide enough for ambulance trolley access. Residents and families are encouraged to personalize their rooms as viewed on the day of audit.</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 the facility include open plan lounge and dining area in each unit. There are smaller lounges and a family room within the facility. The communal areas are easily accessible for residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry has</p>

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>a dirty to clean work flow. There are dedicated laundry and housekeeping staff. All linen and personal clothing was laundered onsite. Cleaning trolleys were kept in designated locked cupboards. Residents and family interviewed report satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Appropriate training, information, and equipment for responding to emergencies is provided. There is an updated evacuation scheme approved by the fire service dated September 2014. Six monthly fire evacuations are held. Emergency exit doors are locked from 5pm to 8am and open automatically when fire alarms sound.</p> <p>D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency flip charts are displayed throughout the facility. The facility is well prepared for civil emergencies with an emergency supply kit, emergency lighting, barbeques, food supplies and sufficient water storage for three to five days. There is an infection outbreak kit with supplies necessary to manage a pandemic.</p> <p>There are call bells in all bedrooms, bathrooms and communal rooms that are connected to a pager system and displayed on corridor lights. There is an emergency call system. The staff member in the dementia unit wears a pendant that is connected to the Bupa call centre which notifies all units to respond immediately in the event of an emergency. There is a first aider on duty at all times.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>
<p>Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall</p>	<p>FA</p>	<p>The infection control programme, its content and detail and scope of the programme is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinators (shared role) with clearly defined guidelines. The</p>

<p>be appropriate to the size and scope of the service.</p>		<p>quality committee and the governing body is responsible for the development of the infection control programme and its annual review. There are combined infection control / health and safety and quality meetings. The meetings include discussion of infection control matters, trends and quality improvements. Meeting minutes are available to staff and graphs displayed.</p> <p>The facility has adequate signage asking visitors not to enter if they have contracted or been in contact with infectious diseases. Hand sanitizers are in place throughout the facility. There is a staff health policy.</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>The infection control committee forms part of the health and safety and quality meeting structure. The facility also has access to an infection control nurse at the district health board (DHB), public health, GPs, laboratory and expertise within the organisation.</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>D19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinators are responsible for coordinating/providing education and training to staff. All staff receive infection control education as part of the orientation programme. Staff are required to read policies and complete the infection control hand hygiene competency. Staff attend infection prevention and control education annually. There are regular infection control teleconferences with other Bupa infection control co-ordinators. On-line education has been completed. Consumer education takes place on an individual basis as required.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinators use the information obtained through surveillance to determine infection control activities, resources, and education needs</p>

<p>the infection control programme.</p>		<p>within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control co-ordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality, and staff meetings. Benchmarking occurs against other Bupa facilities.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint policy in place that states the organisations philosophy to restraint minimisation. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0.</p> <p>Currently the service has eight residents on restraint and four with enablers. Residents using enablers have voluntarily signed a consent form. Assessments are completed and enabler use is reviewed six monthly.</p>
<p>Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>The clinical manager is the restraint coordinator for the facility and has defined responsibilities included the job description. Bupa has a regional restraint group at an organisation level that reviews restraint practices. Teleconferences are arranged twice a year and include the restraint coordinators at each of the Bupa facilities.</p> <p>Only staff that have completed a restraint competency assessment are permitted to apply restraints. Restraint competencies are completed annually and there is on-going education including challenging behaviours. Quality and clinical meetings include discussion on restraint.</p>
<p>Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Assessments are undertaken by the registered nurses in partnership with the resident and their family/whanau. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. There is a restraint assessment tool available, which is completed for residents requiring an approved restraint for safety. On-going consultation with the resident and family/whanau was also identified. Falls risk assessments are completed six monthly. Challenging behaviour assessment/management plans are completed as required. A restraint assessment form was completed for the eight residents requiring restraint (sighted). Assessments consider the requirements as listed in Criterion 2.2.2.1 (a) - (h). Assessments identify the specific interventions or strategies to try (as appropriate) before implementing restraint.</p>

<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. Monitoring and observation is included in the restraint policy. Approved restraints documented in the policy include bedrails, lap belts and low bed. The restraint coordinator is responsible for ensuring all restraint documentation is completed. The approval process includes ensuring the environment is appropriate and safe. Restraint authorisation is in consultation with the consumer (as appropriate) or family/whanau and the facility restraint coordinator. Overall each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident (link 1.3.6.1). Each individual has their own register of restraint or enabler use which provides an auditable record. Restraint use is used as a last resort in keeping with the Bupa restraint minimisation policy.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint evaluation considers the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the on-going reassessment for residents on the restraint register, and as part of their care plan review. Families are included as part of this review where possible.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Restraint usage throughout the Bupa organisation is monitored regularly. The review of restraint use across the Bupa facilities is discussed at the regional restraint approval group meetings. Reduction of restraint is an on-going target at the facility as they constantly working on the reduction of restraint within the facility every year. The organisation and facility are proactive in minimising restraint. A comprehensive restraint education and training programme is in place, which includes restraint competencies.</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 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	Four of seven long term care plans detail interventions required to meet the needs of the residents. Two dementia care plans lacked interventions to support management of behaviours that challenge. Monitoring of restraints and enablers is guided by policy and assessment tools. Not all monitoring forms had been completed as per requirements.	<p>(i). Two dementia care plans lacked interventions to support management of behaviours that challenge.</p> <p>(ii). Monitoring of the lap belt restraint for one hospital resident was not undertaken for three days.</p>	<p>(i).Ensure behaviour management strategies are clearly documented in the long term care plan.</p> <p>(ii).Ensure restraint monitoring documentation is completed.</p> <p>90 days</p>
<p>Criterion 1.3.9.1</p> <p>Consumers are given the choice and advised of their options to access other health and disability services where indicated or requested. A record of</p>	PA Low	There is evidence of medical review and psychogeriatrician involvement in two rest home residents with challenging behaviour. The GP and the psychogeriatrician have documented the residents require referral for higher level of care.	Referrals for re-assessment for two residents have not been initiated for two rest home residents with challenging behaviour as per medical notes.	Ensure re-assessments for higher level of care is initiated as per medical advice and within a timely manner. Referrals for needs assessments for both rest home residents were faxed and

this process is maintained.				sighted on the day of audit. 90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.