# Bupa Care Services NZ Limited - Redwood Home & Hospital

## Introduction

This report records the results of a Surveillance 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** Redwood Home & Hospital

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

**Dates of audit:** Start date: 16 March 2015 End date: 17 March 2015

**Proposed changes to current services (if any):** This audit confirmed the reconfiguration of dementia and psychogeriatric beds and the addition of nine rest home beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 73

# 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 |
|  | 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 Redwood Home and Hospital provides rest home, hospital (geriatric and medical), dementia and psychogeriatric care for up to 76 residents. On the day of audit there were 73 residents. The service is managed by an experienced care home manager and is supported by a clinical manager. The residents and relatives interviewed all spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The service has addressed five of six shortfalls from the previous audit in relation to incident reporting, aspects of care planning interventions, medication documentation and fridge temperature monitoring.

Further improvements are required in relation to dementia training.

The service is commended for maintaining a continual improvement ratings relating to quality initiatives/governance.

This audit confirmed the reconfiguration of services by relocating the dementia unit to the psychogeriatric unit and vice versa.

This audit confirmed the suitability of an additional nine beds for rest home level care.

## Consumer rights

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| 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. |

Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants. A complaints register is maintained.

## Organisational management

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| 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. |

There continues to be an implemented quality and risk programme that involves the resident on admission to the service. The Bupa strategic and quality plan is being implemented with new quality goals being developed for 2015. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through following internal audits and meetings. Benchmarking occurs within the organisation and externally. Residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. Human resource policies are in place to determine staffing levels and skill mixes. Staffing levels meet contractual requirements.

## Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Standards applicable to this service fully attained. |

The sample of residents’ records reviewed provides evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/whanau input. Care plans demonstrate service integration. Care plans are reviewed six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals. Medication policies and procedures are in place to guide practice. Education and medicines competencies are completed by all staff responsible for administration of medicines. The activities programme provides varied options and activities are enjoyed by the residents. The programme caters for the individual needs. Community activities are encouraged. All food is cooked on site by the in house chef. All residents' nutritional needs are identified, documented and choices available and provided. Meals are well presented.

## Safe and appropriate environment

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| 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. |

The building has a current warrant of fitness that expires 11 March 2016. All additional nine rest home bedrooms are single with ensuites and suitable for rest home level care.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There are currently no residents requiring restraint and no resident using enablers. Staff are trained in restraint minimisation and challenging behaviour.

## Infection prevention and control

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

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

## Summary of attainment

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement****(CI)** | **Fully Attained****(FA)** | **Partially Attained Negligible Risk****(PA Negligible)** | **Partially Attained Low Risk****(PA Low)** | **Partially Attained Moderate Risk****(PA Moderate)** | **Partially Attained High Risk****(PA High)** | **Partially Attained Critical Risk****(PA Critical)** |
| **Standards** | 1 | 15 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 1 | 40 | 0 | 1 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The organisational complaints policy is implemented at Redwood. The care home manager has overall responsible for ensuring all complaints (verbal or written) are fully documented and investigated. A feedback form was completed for each complaint recorded on the complaints register. There is a complaints register maintained that included relevant information regarding the complaint. Documentation including follow up letters and resolution were available. Verbal complaints were included and actions and response documented. There were four complaints received in 2014 and one complaint to date in 2015. All complaints are fully documented with follow up letters and resolution. The number of complaints received each month are reported monthly to staff via the various meetings. Discussion with residents and relatives confirmed they were provided with information on the complaints process. Feedback forms are available for residents/relatives in various places around the facility. A complaints procedure is provided to residents within the information pack at entry. The complaints procedure is provided to relatives on admission and this was confirmed through interview with relatives. There is written information on the service philosophy and practices particular to the dementia included in the information pack including (but not limited to): a) the need for a safe environment for self and others; b) how behaviours different from other residents are managed and c) specifically designed and flexible programmes, with emphasis on: 1. Minimising restraint.2. Behaviour management.3. Complaint policy. |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Six residents (four rest home and two hospital) and seven family members (three rest home, one hospital, one dementia and one psychogeriatric) interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident/relative meetings take place and the care home manager, clinical manager and registered nurses have an open-door policy. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services and residents (and their family/whānau). If residents or family/whanau have difficulty with written or spoken English then the interpreter services are made available. All residents were English speaking on the day of the audit.The information pack and admission agreement included payment for items not included in the services. A site specific Introduction to dementia unit and psychogeriatric unit booklet providing information for family, friends and visitors visiting the facility is included in the enquiry pack along with a resident’s handbook providing practical information for residents and their families.  |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | CI | Redwood is a Bupa facility. The service provides rest home and hospital level care for up to 76 residents. There has been a reconfiguration of dementia and psychogeriatric beds by relocating the dementia unit to the psychogeriatric unit and vice versa. The service has added nine rooms that are suitable for rest home level care. The service has not originally informed the ministry of the additional rooms, however this audit confirmed suitability of the rooms for rest home level care. The service has four dual purpose beds that can be used for either rest home or hospital level care residents. Two hospital rooms can accommodate two residents. There were 73 (23 rest home, 26 hospital, nine dementia and 15 psychogeriatric) residents in the facility on the day of audit. There is a contracted physiotherapist that provides 12 hours a week and a contracted medical centre providing general practitioner services. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Redwoods 2015 objectives include occupancy targets, to increase staff participation in the BFit programme, to improve clinical documentation, to increase dementia training to all care staff, to improve orientation for all clinical staff and to continue with reducing resident’s falls and increasing attendance at education sessions.The care home manager at Redwood has been in the role for approximately six years and oversees two other Bupa facilities. The care home manager is supported by a clinical manager (registered nurse) who oversees clinical care. The clinical manager had been in post for one year (has been at the service for six years as a registered nurse and unit coordinator) and provides peer support and supervision to the unit coordinator (dementia and psychogeriatric), the registered nurse team leader (rest home and hospital), registered nurses and caregivers. The management team is supported by the wider Bupa management team including a regional operations manager. The care home manager and clinical manager have maintained professional development related to managing a hospital facility. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual organisational forums and regional forums six monthly.The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.The facility has maintained a continuous Improvement rating around implementing organisational and facility level goals. |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | There is a Bupa strategic plan for 2015 and a quality and risk management plan for Bupa Redwood Hospital. Overall Bupa is working towards 2020 goals including but not limited to, having staff love working for Bupa and increasing ability to meet people needs “health care partner to millions more”. Goals and objectives relate to building strong and connected communities, provide leadership within the sector, and maximise resource to deliver on the BUPA mission. The quality plan for 2015 has been developed. Quality improvement initiatives for Redwood have also been documented and are developed as a result of feedback from residents and staff, audits, benchmarking, and incidents and accidents. Redwood is part of the Bupa benchmarking programme with feedback provided monthly around a set of clinical indicators. A report, summary and areas for improvement are received and actioned. Progress with the quality assurance and risk management programme is monitored through the Bupa manager’s meetings, and the various facility meetings. Monthly and annual reviews are completed for all areas of service. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with registered nurses and caregivers confirm their involvement in the quality programme. Resident/relative meetings are held.There is an internal audit schedule which has been completed for 2014 and a schedule in place for 2015. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/ procedures to support service delivery. Policies and procedures align with the client care plans. There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. |
| Standard 1.2.4: Adverse Event Reporting 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.  | FA | Incident and accident data is collected and analysed and benchmarked through the Bupa benchmarking programme. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of resident related incident reports for February 2015 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care is provided following an incident. Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff as evidenced in meeting minutes reviewed and staff interviews. There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. The service has addressed the previous audit finding around fully completing incident forms, documenting follow up assessments, identifying the designation of the writer and identifying opportunities for improvement. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | PA Low | The recruitment and staff selection process requires that relevant checks are completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates are kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Six staff files were reviewed and included all appropriate documentation. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. The care home manager reports staff turnover is low and a number of staff have been at the service for over 11 years. Annual appraisals are conducted for all staff. There is a completed in-service calendar for 2014 which exceeds eight hours annually and a schedule for 2015. Caregivers have completed Bupa foundations skills and either the national certificate in care of the elderly or have completed or commenced an aged care education programme. The manager and registered nurses attend external training including conferences, seminars and sessions provided by Bupa and the local DHB. Two registered nurses have completed the Bupa professional development recognition programme (PDRP) and one registered nurse is currently completing the programme. There are 16 caregivers that work in the dementia and psychogeriatric unit. Nine caregivers have completed the required dementia standards and five others are enrolled and in the process of completing within the required time frame. Two caregivers that work in the dementia unit have not completed the dementia training. This was a previous audit finding that still requires improvement. The activity therapists working across the special care unit have completed dementia training with the Bupa Dementia Care Advisor.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Bupa Redwood has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents including the reconfiguration of the dementia and psychogeriatric units. There are at least two registered nurses on duty at all times. The clinical manager works full time. There was sufficient staff observed to assist residents in the dining rooms with meals including activities staff. Caregivers and residents and family interviewed advised that sufficient staff are rostered on for each shift. All registered nurses have been trained in first aid and CPR.The service has a roster to include rostering staff in the rest home with the addition of nine rest home beds. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Bupa has comprehensive medication policies in place. Medication storage and administration follow safe guidelines. Two registered nurses and two medication competent caregivers were observed administering medications correctly. Medication reconciliation is completed on admission and the policy includes guidelines on checking medications on admission. All staff administering medication have completed an annual medication competency. Medication training has been completed.Twelve medication charts were reviewed (four rest home, four hospital level, two psychogeriatric and two dementia care). They were legible and meet legislative guidelines. All medication charts sampled have photographic identification. Signing on administration was up to date, including as required medications (PRN). All as required medications had indication for use identified on the medication chart by the GP. This was a previous audit finding that has now been addressed. All medication charts identified any allergies. All medication charts reviewed had written evidence of the GP three monthly review, or more as conditions changed and all had been signed and dated. All medications prescribed to be administered regularly were signed as being administered regularly. This was a previous audit finding that has now been addressed. Weekly medication checks were documented. This was a previous audit finding that has now been addressed. All eye drops used were dated on opening. There is a self-medicating resident’s policy and procedures in place. There was one resident self-administering medications and competency checks were completed. The additional residents in the rest home have medications administered by staff working in the rest home and from the existing rest home medication trolley.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | The national menus have been audited and approved by an external dietitian. The service employs a kitchen manager and kitchen assistants. Fridge and freezer temperatures are monitored and documented daily in the kitchen. All food in the fridges and freezers is labelled and dated. This is an improvement from the previous audit. Meals are prepared in the kitchen and delivered to the rest home, hospital dining rooms and the psychogeriatric unit and dementia care dining rooms.There are nutritional assessments and management policy and a weight management policy.The residents have a nutritional profile developed on admission, which identifies dietary requirements, as well as likes and dislikes. 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. There is evidence that there is additional nutritious snacks available over 24 hours. This accommodates the reconfiguration of the dementia and psychogeriatric unit.The additional nine rest home residents are accommodated in the rest home dining room. There is also a lounge with a dining table and kitchenette on the second floor where the extra nine rooms have been added giving residents a choice of where to dine.  |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Resident files include all required documentation. The long-term care plan records the resident’s problem/need, objectives, interventions and evaluation for identified issues and were completed within three weeks. Pressure area interventions and short term care plans for pressure areas were developed. Care plans were updated with identified needs following incidents. The service has a specific acute health needs care plan that included short-term cares. These were areas of improvement in the previous audit that have now been addressed.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | When a resident's condition changes, the registered nurses initiate a review and if required, GP or specialist consultation. 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 are 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 three caregivers, three registered nurses and seven families. There is a short-term care plan that is used for acute or short-term changes in health status. Dressing supplies are available and a treatment room is stocked for use. Continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described. Wound assessment and wound management plans are in place for seventeen residents. There is one pressure areas (grade one) identified in the service. All wound assessments have completed short-term care plans describing appropriate interventions. All wounds have been reviewed in the timeframes. This was a previous audit finding that has now been addressed.There is specialist input into residents in the psychogeriatric unit. A mental health consultant visits as required, psychogeriatrician visits weekly and PDN visits weekly from mental health services for older people. Strategies for the provisions of a low stimulus environment could be described.  |
| Standard 1.3.7: Planned ActivitiesWhere 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 is one activity co-ordinator and two activity assistants who work in both the rest home, hospital, dementia unit and psychogeriatric unit providing five days a week cover. The activities co-ordinator and activity assistants interviewed had completed a dementia course, level four. There are also three activity volunteers who assist up to three days a week.There is a full and varied activities programme in place which is appropriate to the level of participation from residents’. On the day of audit residents were observed being actively involved with a variety of activities in the main lounge and activities room. Some activities are combined across the service. The programme is developed monthly 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. Residents have an activities assessment completed over the first few weeks. A comprehensive social history is complete on or soon after admission and information gathered is included in the activity care plan. Residents are quick to feedback likes and dislikes to the activity officer. The activity care plan is developed with the relative (and resident as able) and this is reviewed at least six monthly. Resident files reviewed identified that the individual activity plan is reviewed when the care plan is reviewed. Consideration has been taken to provide meaningful activities that can cover 24 hours in the dementia unit and psychogeriatric unit, which are implemented by caregivers and activity staff. Caregivers working in the dementia unit are orientated to activities. The programme accommodates the reconfiguration of the dementia and psychogeriatric unit. Caregivers were observed various times through the day in the dementia unit and psychogeriatric unit diverting residents from behaviours. The programme observed was appropriate for older people with mental health conditions.The service has an activity programme suitable to accommodate an extra nine residents at rest home level care.  |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans are reviewed and evaluated by a registered nurse at least six monthly, or as changes to care occur as sighted in all care plans sampled. All initial care plans are evaluated by the registered nurse within three weeks of admission. Care plan evaluations are comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. There is documentation evidence of family and/or resident involvement at these evaluations. Documentation on clinical notes evidence review by the GP at least three monthly, or more frequently as condition changes.There are short-term care plans to focus on acute and short-term issues. From the sample group of residents' notes the short-term care plans are generally well used and comprehensive. Examples of short-term plan use included; infections and wounds.  |
| 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 service has a current building warrant of fitness that expires 11 March 2016. The reconfiguration of the dementia unit with the psychogeriatric unit is confirmed as suitable. There is ample room for wandering in the dementia room. The PG unit is large enough for mobility equipment and in meeting the needs of residents with greater needs. The service has renovated an existing second level (above existing ground level rest home rooms) to accommodate additional nine rooms suitable for rest home level care. All rooms are single, spacious with ensuites. The ensuites are large enough for mobility aids to be safely used by residents. There is a kitchenette and fridge in each room. Resident’s rooms were personalised. There is a communal toilet available on the second floor. There is a lounge available on the ground and second floor with a dining table and kitchenette. Access to rooms on the second floor is via two sets of stairs or an approved lift that can accommodate a gurney if required. The existing rest home rooms on the ground floor have all been renovated. There is a sluice on the ground floor. All rooms have call bell points. All communal and rest home resident bedrooms on the second floor 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 is warm and comfortable. |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance and monitoring is an integral part of the infection control programme and is described in Bupa’s infection prevention and control policy. Systems in place are appropriate to the size and complexity of the facility. Monthly infection data is collected for all infections based on signs and symptoms of infection. The infection control coordinator (RN) has been in the role for three years and has maintained IC training. 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. There are monthly IC meetings. Infection control data is collated monthly and reported at the quality, and infection control meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. The results are subsequently included in the manager’s report on quality indicators. There is close liaison with the GP's that advise and provide feedback /information to the service. The service managed eight residents with diarrhoea over a 24 hour period in December 2014. The service managed the outbreak appropriately and contacted relevant authorities immediately. |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | 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 caregivers and nursing staff confirm their understanding of restraints and enablers. Training has been provided around restraint, enablers and challenging behaviours. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, regional restraint meetings and at an organisational level. There are no residents currently with restraint or using enablers. The service has remained restraint free since 2013. |

# 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)** |
| Criterion 1.2.7.5A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | There are 16 caregivers that work in the dementia and psychogeriatric unit. Nine caregivers have completed the required dementia standards and five others are enrolled and in the process of completing within the required time frame. One caregiver is currently completing a bachelor degree in dementia and is the orientation champion for Bupa foundations skills.  | Two caregivers have not completed the required dementia training with the timeframe and have worked in the dementia unit for many years. The clinical manager and orientation champion is working with the two staff members to ensure the dementia training is completed. | Ensure all staff that work in the dementia units have completed the required dementia standards within the required time frame.90 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.2.1.1The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed. | CI | Redwood is part of the Bupa group of facilities and provides care for up to 76 residents at rest home, hospital, dementia and psychogeriatric level. There were 73 residents at the time of audit. Bupa's overall vision is "Taking care of the lives in our hands". There are six key values that are displayed on the wall. In 2009, Bupa introduced a person centred care focus which includes six pillars. This has been embedded in service delivery at Redwood.There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Redwood set specific quality goals for 2015 including (but not limited to) a) increase participation in the BFit programme from 20% to 80%, b) to improve the standard of clinical documentation, c) to increase dementia training to all care staff by 80%, d) to improve the quality of orientation for all clinical staff.The Bupa CNS provides a bi-monthly clinical newsletter called Bupa Nurse which provides a forum to explore clinical issues, ask questions, share experiences and updates with all qualified nurses in the company. The Bupa geriatrician provides newsletters to GPs. | Redwood continues to demonstrate a continued improvement process around implementation of quality goals. Quarterly quality reports on progress towards meeting the quality goals identified. Meeting minutes reviewed included discussion on going progress to meeting their goals. Redwood annual goals also link to the organisations goals and this is also reviewed in quality meetings and also in each of the staff/other meetings. This provides evidence that the quality goals are a 'living document'. The service achieved two of their four 2014 goals. One goal ‘to increase the resident satisfaction rate for activities from resident satisfaction survey 2013 from 66% to 81% was achieved in the satisfaction survey of 2014. The result from the survey conducted in July 2014 and reported in September 2014 was 86% satisfaction. Another goal was to improve cleaning/presentation of the entire facility. This was achieved from the residents/relatives satisfaction survey results with 86% reported overall satisfaction. Two goals remain on-going for 2015. |

End of the report.