

Bupa Care Services NZ Limited - St Kilda Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	St Kilda Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 14 October 2015 End date: 15 October 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:	68

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa St Kilda Care Home provides rest home, hospital and dementia level care for up to 80 residents. During the audit, there were 68 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the Waikato 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, staff and a nurse practitioner.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager/registered nurse. There are quality systems and processes being implemented. The service has been actively working on reducing the incidence of falls, reducing turnover of staff and improving communication with service users. Feedback from residents and families was very positive about the care and services provided.

There is one area identified for improvement around the documentation of corrective action plans.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Code of Health and Disability Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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The care home manager is a registered nurse. Clinical manager, registered nurses, caregivers and support staff support her. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities are conducted, which generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held and plans are in place to survey resident and family satisfaction annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. A comprehensive education and training programme has been

implemented with a current plan in place. Appropriate employment processes are adhered to. A roster provides sufficient and appropriate cover for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is a comprehensive admission package available prior to or on entry to the service. The sample of residents' records reviewed provides evidence that the provider utilises the InterRAI assessment to assess, plan and evaluate care needs of the residents. A registered nurse develops resident outcomes and goals in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Changes to health status and interventions required are updated on the care plans to reflect the residents current health status. Resident files include notes by the general practitioner, nurse practitioner and other allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medicines records reviewed include documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner/nurse practitioner.

An activities programme is implemented separately for the rest home/hospital area and for the dementia care unit. Residents and families report satisfaction with the activities programme. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food and baking is prepared on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. Meals are well presented and a dietitian has reviewed the Bupa menu plans. Nutritious snacks are available 24/7 in the dementia care unit.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Chemicals are stored securely throughout the facility. The building holds a certificate for public use. Resident rooms are single, spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. There is a safe external walking path and gardens for the dementia care residents that are freely accessible.

There are shared and single ensuites. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. A first aider is on duty at all times. The facility has ceiling heating and the temperature is comfortable and constant.

Restraint minimisation and safe practice

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

Infection prevention and control

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

Standards applicable to this service fully attained.

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 officer (registered nurse) is responsible for coordinating/providing education and training for staff. The Bupa quality team supports the infection control officer. Infection control training is provided at least annually for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. Information obtained through surveillance is used to determine infection control activities, resources and education needs within the facility. 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	44	0	1	0	0	0
Criteria	0	92	0	1	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 Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the care home manager/registered nurse (RN), clinical manager/RN and staff (three caregivers, three registered nurses (RNs) and two activities staff) confirmed their familiarity with the Code. Interviews with nine residents (seven rest home and two hospital) and six relatives (two with family at hospital level and four with family at dementia level) confirmed the services being provided are in line with the Code. The Code is discussed at resident and staff meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code. There are signed general consents including outings on nine of nine resident files sampled (three rest home, three hospital, three dementia care). Resuscitation treatment plans and advance directives are appropriately signed in the nine files reviewed. There is evidence of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. There are copies of activated enduring power of attorney held in the three files of the dementia care residents.</p> <p>Discussions with caregivers confirmed they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Nine admission agreements sighted had been signed within the required timeframe. Discussion with</p>

		family identified that the service actively involves them in decisions that affect their relative's lives.
<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	A policy describes the role of advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer and includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family with advocacy information. Advocacy support is available if requested. Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate. The complaints process includes informing the complainant of their right to contact the Health and Disability Advocacy Service.
<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	Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. On interview, all residents and relatives confirmed this and that visiting could occur at any time.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy describes the management of the complaints process. There is a complaints form available. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaints register. Complaints for 2015 to date were reviewed. Verbal and written complaints are documented. All complaints have noted investigation, timelines, corrective actions when required and resolutions. Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	There are posters displaying the Code throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. On entry to the service, the care home manager or clinical manager discusses the Code with the resident and the family/whānau. Information is given in the information pack to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss.

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies, which align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff demonstrated gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented and staff have undertaken training on abuse and neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines. Staff training includes cultural safety. There were no residents living at the facility who identified as Māori during the audit. The service has established links with local Māori advisors.</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>The service has established cultural policies aimed at helping to meet the cultural needs of its residents. All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee (sighted in all eight employees' files audited). Professional boundaries are defined in job descriptions. Interviews with all staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the Waikato District Health Board, which includes visits from specialists (eg, wound care, gerontology) and staff education and training. Physiotherapy services are provided six hours per week. There is a regular in-service education and training programme for staff. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa has established benchmarking groups for rest home, hospital, dementia, psychogeriatric/mental health services. St Kilda is benchmarked against the rest home, dementia and hospital data. Examples were sited where results were above the benchmark; a corrective action plan was developed by the service (link 1.2.3.8).</p> <p>The service established a Falls Focus Group. Run by the Clinical manager the Focus Group ensures that the staff have access to all recent knowledge around the falls initiatives. It has raised awareness of falls and step-by-step improvements are being made. They commenced a new intentional rounding form that they are trialling. The form is more thorough and it is a good way of staff knowing that they need to check on more than just the residents' whereabouts.</p> <p>Since the last audit the care home has completed its build and is fully functional. There is a café for residents, which is well received.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff of their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fifteen incidents/accidents forms were viewed. The forms include a section to record family notification. All 15 forms indicated family were notified. Families interviewed confirmed they were notified of any changes in their family member's health status.</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>St Kilda Care Home is part of the Bupa group of aged care facilities. The facility is a newly purpose-built care centre within a retirement village.</p> <p>The facility has 80 beds. This includes a 20-bed secure dementia unit, a 10-bed rest home and 50 hospital beds designated as dual-purpose. The service opened on 12 January 2015. During the audit, there were six respite residents, which included one on ACC.</p> <p>Bupa's overall vision is "Taking care of the lives in our hands". Six key values are to be displayed on the</p>

		<p>entrance wall as per Bupa processes. There is an overall Bupa business plan and risk management plan. Additionally, St Kilda has set quality goals around occupancy, falls and pressure injuries and resident satisfaction. Bupa has robust quality and risk management systems implemented across its facilities.</p> <p>The care home manager/RN is an experienced manager and has managed other Bupa facilities for 11 years. A clinical manager (a registered nurse) supports the care home manager. The operations manager, who oversees 14 sites as part of the midlands region, supports the management team.</p> <p>The care home manager has maintained at least eight hours annually of professional development activities, related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the care home manager, the clinical manager is in charge with support from the operations manager.</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>	PA Low	<p>A 2015 quality and risk management programme is in place. Interviews with managers and staff reflect their understanding of the quality and risk management systems.</p> <p>Policies and procedures, and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures are being updated to include reference to InterRAI for an aged care service. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (eg, falls, medication errors, wounds, skin tears, challenging behaviours) are collated and analysed with results communicated to staff. Corrective actions have been implemented through April 2015 where benchmarked data exceeds targets but is missing from May 2015 onwards.</p> <p>An internal audit programme is in place. In cases where areas of non-compliance are identified, a corrective action plan is initiated and then signed off by a manager once it is implemented. Quality and</p>

		<p>risk data is shared with staff via meetings and posting results in the staff room.</p> <p>Falls prevention strategies include a comprehensive investigation of residents' falls on a case-by-case basis to ensure that strategies to reduce falls have been implemented. The facility has purchased two beds that can be lowered, and sensor mats. A falls focus group is in place for the organisation with a facility-specific falls group being organised.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff. Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to minimise the number of incidents. A registered nurse conducts clinical follow up of residents.</p> <p>Discussions with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. This has not been required.</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>	FA	<p>There are human resource management policies in place, which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are kept. Eight staff files were reviewed and evidenced that reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2015 is being implemented. Caregivers have completed an aged care education programme. The care home manager, clinical manager and staff are able to attend external training including sessions provided by the Waikato District Health Board.</p> <p>The dementia unit has been open for less than one year. Seven caregivers work in the unit and four have completed the required dementia standards. The remaining three are enrolled.</p> <p>The service introduced and carried out three weeks orientation one month prior to opening. This assisted in developing a strong team who not only had knowledge of Bupa policies and procedures but also embraced the fact that they would be making a difference to their success by learning through first impressions and enquiry management. The service also introduced a shortened version of this orientation programme which has been implemented at least three monthly, whenever there was a good number of staff to orientate.</p> <p>Staff complete their initial competencies and personal best during their orientation period.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>A staff rationale and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements of the residents. At least one registered nurse is on site at any one time. Activities staff are available five days a week. Extra staff can be called on for increased residents' requirements. Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded into the residents' individual record within 24 hours of entry. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant caregiver or registered nurse. Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts are in a separate folder.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents and family interviewed stated they were well informed upon admission. The information pack includes all relevant aspects of service and residents and/or family/whānau are provided with associated information such as the Code, how to access advocacy and the health practitioners code. A needs assessment is completed prior to entry, for full-time care. There is written material included in the information pack on the service philosophy and practices, particular to the dementia care unit.</p> <p>The admission agreement reviewed aligns with a) – k) of the ARC contract. All nine admission agreements sighted had been signed within the required timeframe.</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>A policy describes guidelines for death, discharge, transfer, documentation and follow-up. There is a transfer plan policy. A record is kept and a copy is kept on the resident's file. Resident transfer information is communicated to the receiving health provider or service. There is documented evidence of family notification of appointments and transfers. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made.</p>

<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>	<p>FA</p>	<p>Medications are managed appropriately in line with legislative requirements. Registered nurses in the hospital and caregivers administer medications. All medication competent staff have completed annual medication competencies for medication administration. RNs have completed additional competencies for syringe driver. Medication education was delivered during orientation and more recently by the pharmacist. The service uses robotic roll system for regular medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>The standing orders are current and meet the requirements for standing orders. There were no self-medicating residents on the day of audit. The medication fridge temperatures are checked daily and are within acceptable ranges.</p> <p>Eighteen resident medication signing sheets were sampled. Signing sheets correspond to instructions on the medication chart. Anti-psychotic medication management plans were in place for residents on these medications.</p> <p>Eighteen medication charts sampled (six dementia care, six hospital and six rest home) were pharmacy generated, up to date and reviewed at least three monthly by the GP/NP. There was photo identification and allergy status documented on all 18 medication charts sampled.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The kitchen manager oversees the food services. An external dietitian has audited and approved the national menus. The main meal is in the evening. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in bain-maries to each kitchenette, where they are served. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in kitchen. Special diets such as diabetic desserts and alternative choices for dislikes are accommodated and are labelled ready for serving. Finger foods and nutritious snacks are available in the dementia unit 24 hours.</p> <p>End cooked food temperatures are recorded daily on each meal. Serving temperatures from bain-maries are completed weekly. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods in the chiller, fridges and freezers are dated. Cleaning schedules are maintained.</p> <p>Food services staff have completed on-site food safety unit standard 167 and chemical safety.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the</p>	<p>FA</p>	<p>There is an admission information policy. The service would record the reason (eg, no bed availability or unable to meet the acuity/level of care) for declining service entry if this occurred. The clinical manager states the service has not declined entry to any residents. Potential residents would be referred back to</p>

service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		the referring agency if entry is declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The RN completes an initial assessment booklet on admission. The assessment booklet provides in-depth assessment tools. A nutritional requirements assessment is completed on admission. Additional risk assessment tools are used as applicable. The outcomes of risk assessments on admission and through the InterRAI assessments were reflected in the nine care plans sampled. All residents have an InterRAI assessment completed on admission and six monthly or earlier, due to health changes. Three dementia care resident files sampled included an individual assessment for specific dementia needs that included identifying diversional, motivation and recreational requirements.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Service delivery plans reviewed were comprehensive, demonstrated service integration, and input from allied health. Care plans sampled described the resident's needs, goals and supports/interventions to achieve their desired goals. Residents and families interviewed confirm care delivery and support by staff is consistent with their expectations. Residents and families interviewed stated that they and their family are involved in the development of the initial and long-term care plan. There is documented evidence on the care plan and in the family contact form of family involvement in the care plan process. Short-term care plans were in use for short-term needs and changes in health status.
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 alters, the registered nurse initiates a review and if required, GP, NP or specialist consultation. Relatives state the staff are very approachable if they wish to discuss their relative's health at any time. Residents and relatives confirm their needs are being met. Staff report that there are adequate continence supplies available. Resident urinary continence assessment and bowel management has been completed for residents with identified continence problems. The clinical manager (interviewed) states there are nursing specialists for wound and continence management readily available for advice and education. Initial wound assessments and dressing plans, and ongoing evaluations at the required frequency has been completed for three wounds in the rest home (two surgical wounds and one skin tear), two residents in the dementia unit with skin tears and four minor wounds in the hospital. One rest home resident had a heel pressure injury present on admission. The pressure area was linked to the long-term care plan with

		<p>appropriate pressure area interventions documented.</p> <p>Monitoring forms in use (sighted) include; continence diary, monthly blood pressure and weight monitoring, nutritional food and fluid monitoring record, two hourly turning charts, IOWA pain-monitoring tool and neurological observations. Behaviour monitoring charts are commenced for any new or escalating behaviour (sighted). The GP, NP and mental health services are readily available as required.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs two full-time activity coordinators. The rest home/hospital activity coordinator has completed aged care education and the dementia unit standards. The dementia activity coordinator had recently been involved in activities at another Bupa facility prior to commencing at St Kilda in January 2015. Both coordinators completed a six-week induction on commencement.</p> <p>There are separate programmes for the rest home/hospital and dementia care units. The programme is delivered Monday to Friday with caregivers coordinating and supervising activities as per the weekend calendar. There are volunteers involved in the activity programme. The activity coordinator includes one-on-one time for residents who are unable or choose not to participate in the programme.</p> <p>The rest home/hospital programme includes activities that meet the needs, abilities and preferences of the resident groups. A variety of activities was observed occurring in the lounges throughout the rest home/hospital units on the day of audit.</p> <p>Residents are encouraged to maintain links with the community with twice-weekly outings.</p> <p>A separate programme for the residents in the dementia care unit accommodates group and individual activities focused around cognitive, sensory and physical activities. There are focus points of memorabilia throughout the unit available to residents. The residents in the dementia unit attend entertainment and activities in the rest home/hospital wings under supervision. Care staff in the dementia care unit includes activities with residents as part of their day. Resources are readily available.</p> <p>The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan in all resident files sampled identifies activities and community links that reflect the resident's normal patterns of life. The activity plan (incorporated into the My Day, My Way long-term care plan) is reviewed at the same time as the care plan six-monthly multidisciplinary review. Residents/family has the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery</p>	FA	<p>The initial care plan and long-term care plans were reviewed and evaluated by the registered nurse at least six monthly in seven of nine files sampled. Two residents (hospital and dementia care) had not</p>

<p>plans are evaluated in a comprehensive and timely manner.</p>		<p>been at the service long enough for a review. Six monthly multidisciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP/NP, the activities coordinator and any other relevant person involved in the care of the resident, such as the physiotherapist. Family members are invited to attend the MDR. Written evaluations are documented, identifying if the resident needs/goals have been met or unmet. Changes are made to ensure the residents current needs are reflected in the long-term care plan. Short-term care plans are evaluated at regular evaluations.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in a sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>Discussions with the clinical manager and registered nurses identified that the service has access to GPs/NP, ambulance/emergency services, allied health professionals, dietitians, physiotherapy, continence and wound specialists and social workers.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There is a chemical/substance safety policy and waste management policy. Management of waste and hazardous substances is covered during orientation of new staff. Chemicals are stored safely in a locked cupboard. Safety data sheets and product wall charts are available. Approved sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and goggles are available for staff at the point of use. Infection control policies state specific tasks and duties for which protective equipment be worn. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. Staff have attended chemical safety education.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a certificate for public use dated 17 December 2014. Reactive maintenance and a 52 week planned maintenance schedule in place has been maintained. There is a full-time maintenance person employed. Medical equipment has been calibrated on purchase. The hot water temperatures are monitored weekly, and are maintained between 43 – 45 degrees Celsius. There are contractors for essential service available 24/7.</p> <p>Residents were observed moving freely around the areas with mobility aids where required. The external areas and garden landscaping has been completed and are well maintained. There is outdoor furniture</p>

		<p>and seating and shaded areas. There is wheelchair access to all areas.</p> <p>The caregivers and RNs interviewed stated they have all the equipment referred to in care plans necessary to provide care.</p> <p>There dementia unit has two lounge areas designed so that space and seating arrangements provide for individual and group activities. There are quiet, low stimulus areas and seating alcoves that provide privacy when required. There is a safe and secure outside walking and garden area, which is easy for dementia residents to access.</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>All bedrooms have access to ensuites. There are adequate numbers of communal toilets located near the communal areas. There is appropriate signage, easy clean flooring and fixtures, and handrails appropriately placed. Residents interviewed (three hospital, two rest home) report their privacy is maintained at all times.</p> <p>Residents in the dementia unit share an ensuite, with automatic locks to protect the resident's privacy. There is an emergency release button for staff to use if required.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All bedrooms are single. The rest home and dual-purpose bedrooms are spacious enough to manoeuvre transferring and mobility equipment to deliver care safely and easily. The bedroom doors are wide enough to allow ambulance access if required. The dementia-care unit bedrooms are spacious. Residents are encouraged to personalise their bedrooms as desired.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are spacious lounges in each of the rest home/hospital units. Each unit has a kitchenette and open plan dining area. The hospital dining room and lounges accommodate specialised lounge chairs.</p> <p>There is adequate space in the dementia unit to allow maximum freedom of movement while promoting safety for those that wander. There is an open plan dining/lounge area and a smaller quiet lounge available, and seating alcoves.</p> <p>St Kilda is the first Bupa facility to have a communal café within the care home. The café is readily accessible to residents, family, community visitors and community groups.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry and personal clothing is laundered on-site. There is a well-equipped laundry with defined clean/dirty areas and entry and exit doors. There is a dedicated laundry person over the seven-day week. There is dedicated cleaning staff. Cleaning trolleys are well equipped and stored safely when not in use. Residents and relatives interviewed are happy with the laundry and cleaning services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place approved by the New Zealand Fire Service on 16 December 2014. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility has ceiling heating throughout the personal and communal areas. All communal rooms and bedrooms are well ventilated and light. Residents and family interviewed, stated the temperature of the facility is comfortable. There is plenty of natural light in residents' rooms.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises</p>	FA	<p>The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control officer with clearly defined guidelines. The quality committee and the governing body are responsible for the development of the infection control programme and its annual review. There are monthly combined quality and risk (infection control/health and safety and quality) meetings held with a reporting process to</p>

<p>the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>management and governance.</p> <p>The facility has adequate signage and hand sanitisers appropriately placed throughout the facility. Visitors are asked not to enter if they have contracted or been in contact with infectious diseases.</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 quality and risk meeting structure. The facility also has access to an infection control nurse at the district health board (DHB), public health, GPs/NP, laboratory and expertise within the organisation. The infection control officer completed a six-month course on infection control and prevention prior to her appointment at Bupa St Kilda. The infection control officer has completed recent training related to current best practice.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. The manual was last reviewed 2014 by the governing body in consultation with infection control personnel.</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 officer is responsible for coordinating/providing education and training to staff. The infection control officer has completed recent training relating to current best practice. 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 annual infection control education as per the training planner. The infection control officer provides toolbox sessions to keep staff updated/informed on infection control practice. Resident education is expected to occur as part of providing daily cares. Service delivery plans can include ways to assist staff in ensuring this occurs.</p>

		There is evidence of resident and visitor education around influenza and the prevention of the spread of infection.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer (RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>A monthly log of infections and short-term care plans are completed for all resident infections. Infection control data is collated monthly and is reported at the quality and risk and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices, identifying trends and corrective actions/quality initiatives. Infection control data is on display for staff. The infection control programme is linked with the quality management programme. The results are subsequently included in the manager's report on quality indicators. Benchmarking occurs against other Bupa facilities. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs/NP that advises and provides feedback/information to the service. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents with restraint and one resident with an enabler. Enabler use is voluntary. All necessary documentation has been completed in relation to the enabler. Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP/enablers has been provided. Restraint is discussed as part of staff meetings. The clinical manager is the designated restraint coordinator.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	Evidence of corrective actions was in place where opportunities from internal audits were identified. They were also implemented when incident data exceeded benchmarked thresholds (January – April 2015) although documented evidence of corrective actions were missing from May 2015 onwards.	Corrective actions relating to incident data falling above thresholds (eg, falls, medication errors, challenging behaviours) have not been documented since April 2015.	<p>Ensure corrective actions are consistently documented and include evidence of their implementation.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.