

Bupa Care Services NZ Limited - Sunset Rest 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](#). The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Sunset Rest Home & Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 11 January 2016 End date: 12 January 2016
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:	114

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

Sunset Rest Home & Hospital is part of the Bupa group. The service is certified to provide rest home, hospital, dementia, residential disability (physical) and residential disability (intellectual) level care for up to 122 residents. On the day of the audit, there were 114 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff and management. The care home manager is appropriately qualified and experienced. Feedback from residents and relatives is positive.

The one shortfall from the previous certification audit around not for resuscitation orders has been addressed. The two previous shortfalls from the partial provisional audit around the certificate for public use and the approved evacuation scheme have also been addressed.

This audit has identified one area requiring improvement around InterRAI assessments for new residents. The service continues to exceed the required standard around governance and strategic goals, the quality management system, staff education and infection control surveillance.

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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Residents and family are well informed, including of changes in resident's health. The care home manager and clinical nurse manager have an open door policy. Complaints processes are implemented and complaints and concerns are managed and documented and learnings from complaints shared with all staff.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Sunset has an established quality and risk management system that supports the provision of clinical care and support. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Sunset is benchmarked against other Bupa facilities. Incidents are documented and there is immediate follow up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff and has input into rostering.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The registered nurses are responsible for each stage of service provision. The assessments (except for InterRAI), care plans, interventions and evaluations are completed within the required timeframes. Residents interviewed confirm they participate in the care planning process. The general practitioner reviews residents at least three monthly. There is evidence of allied health professional input into the care of residents as required.

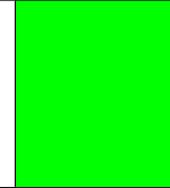
The activity programme is varied and appropriate to the level of abilities of the residents in the rest home, hospital and dementia unit. Community links are maintained. Entertainment and outings are provided.

Medications are managed, stored, and administered in line with medication requirements. All registered nurses responsible for administering medicines complete medication training and annual medication competencies have been completed. Medication charts evidence three monthly reviews.

Food is prepared on-site with individual food preferences and dietary requirements documented. Alternative choices are offered for dislikes.

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.

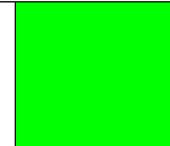


Standards applicable to this service fully attained.

The building holds a current warrant of fitness and has a New Zealand Fire Service approved evacuation scheme.

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.

A Bupa restraint policy includes comprehensive restraint procedures including restraint minimisation. Restraint usage has significantly reduced since the previous audit. A documented definition of restraint and enablers aligns with the definition in the standards. There are 12 restraints and no enablers being used. Staff are trained in restraint minimisation and challenging behaviour.

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.

All standards applicable to this service fully attained with some standards exceeded.

The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	16	0	1	0	0	0
Criteria	4	36	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
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	In a previous finding resuscitation plans where medically initiated 'resuscitation is not clinically indicated' orders from the GP had not been discussed with families. This has now been addressed. On all eight of the medically initiated 'resuscitation is not clinically indicated' orders from the GP sighted there was evidence that this had been discussed with families. The service has addressed this previous finding.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints policy to guide practice and this is communicated to resident/family. The care home manager leads the investigation and management of complaints (verbal and written). A complaint register records activity. Complaints are discussed at the bi-monthly quality team meeting and at the staff meetings. Complaint forms are visible around the facility on noticeboards. There was one documented complaint in 2015. Follow-up letters, investigation and outcome were documented. Discussion with residents and relatives confirmed they were aware of how to make a complaint. A complaints procedure is provided to residents within the information pack at entry.
Standard 1.1.9: Communication	FA	The service has an open disclosure policy. Discussions with nine residents (three from the hospital, four from the rest home and two under residential disability) and

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>five family members (one hospital, two dementia, one rest home and one residential disability) confirmed they were given time and explanation about services and procedures on admission. Resident meetings occur monthly and the care home manager and clinical nurse manager have an open door policy.</p> <p>Accident/incident forms have a section to indicate if family have been informed (or not) of an accident/incident. Twelve accident/incident forms sampled from 2015 identify that family were notified following a resident incident. Interview with five caregivers (two from the hospital, two from the rest home and one from the dementia unit), three registered nurses and one clinical nurse manager (RN) confirmed that family members are kept informed.</p> <p>The residents and relatives interviewed confirmed they have been informed when the resident health status changes. The service has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement. The information pack is available in large print and advised that this can be read to residents.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Sunset provides rest home, hospital, dementia, residential disability (physical) and residential disability (intellectual) level care for up to 122 residents. There were 26 residents in the dementia unit, 45 hospital level residents and 43 rest home level residents on the day of the audit. This includes five residents on younger persons with disability (YPD) contracts (under residential disability level care) and two residents (both in the rest home) on long-term chronic conditions contracts. There were no residents receiving residential disability (intellectual) level of care at the time of the audit. There are 48 dual-purpose beds. Sunset has set specific quality goals for 2016 and reviewed the 2015 goals, demonstrating how resident outcomes have been improved in relation to the areas of focus. This continues to exceed the required standard.</p> <p>The care home manager has been in the role for eight years. She is supported by a clinical nurse manager who has been at the service for nine years, four in the current role. Managers and clinical managers attend annual organisational forums and regional forums six monthly.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>FA</p>	<p>Sunset has an established quality and risk management system, which continues to exceed the required standard.</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards. Policies are current and staff are informed of updates and changes. They include the InterRAI requirements.</p> <p>Key components of the quality management system link to the bi-monthly quality and staff and monthly registered nurses meetings at Sunset. Meeting minutes and the accompanying 'KPI' memos, reflect discussion of quality data trend analysis. Weekly reports by the facility manager to the Bupa operations manager and quality indicator reports to the Bupa quality coordinator provide a coordinated process between service level and organisation.</p> <p>Monthly accident/incident and infection benchmarking reports are provided to Sunset for rest home, hospital and dementia level care. Internal audits are completed according to the Bupa schedule. Corrective action plans are developed when service shortfalls are identified.</p> <p>The health and safety committee meets three monthly and there is a current hazard register for each wing within the facility.</p> <p>There is a comprehensive hazard management, health and safety, and risk management programme in place. There are facility goals around health and safety developed for 2016. In April 2015, the service achieved a further one-year ACC accreditation in Workplace Safety Management.</p> <p>Falls prevention strategies are in place.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. The service collects a comprehensive set of data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident information. The data is linked to the service benchmarking programme and this is able to be used for comparative purposes with other similar services. Quality and staff meeting minutes include an analysis of incident and accident data and corrective actions. A monthly incident accident report is completed, which includes an analysis of data collected. Twelve accident/incident forms sampled from November 2015 included registered nurse assessment and follow up.</p> <p>Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Appropriate</p>

		Section 31 notifications have been made to HealthCERT. One resident's death has been referred to the coroner and the service has provided information to the coroner. The coronial inquiry remains open.
<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 recruitment. Staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Six staff files were reviewed (one clinical nurse manager, one RN, one cook, one diversional therapist and two caregivers). All files contained a current position description and evidence of reference checking. Annual appraisals have been completed and are up-to-date. The service has available a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The caregiver orientation is a version of the Careerforce core competencies that have been adapted to match Bupa policies. Staff reported that all new staff undertake a 'buddied' orientation period, which means the risk rating for this finding is low.</p> <p>The in-service education programme for 2015 has been implemented. The majority of caregivers have completed an aged care education programme. The clinical nurse manager, RNs and caregivers are able to attend external training. Eight hours of staff development or in-service education has been provided annually. All individual records and attendance numbers are maintained. The service has continued to exceed the required standard around staff training.</p> <p>Fifteen caregivers work in the dementia unit. Eight have completed the required dementia standards. The other seven have commenced the study programme and have all been employed in the dementia unit for less than 12 months.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The care home manager and clinical nurse manager work full time. There are at least two registered nurses on duty on every shift 24-hours per day. Advised that extra staff can be called on for increased resident requirements. Interviews with caregivers, residents and family members identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The registered nurses are responsible for the administration of medications. The service uses a robotic pack system.</p>

<p>manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medication education is completed at Bupa study days. All RNs have annual medication competencies. The registered nurses check all medications on delivery against the medication charts. The standing orders are current and meet the requirements for standing orders. There are policies and procedures in place for self-medication. One resident currently self-medicates and the resident and GP have signed a competency and consent form. The medications are kept in a locked drawer. The 16 medication charts sampled had photo identification and allergy status was noted. The signing sheets corresponded with the medication charts. The GP had reviewed the medication charts at least three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. Kitchen staff are trained and qualified in safe food handling. Meals to all units are served from bain maries.</p> <p>The Bupa registered dietitian has approved a four weekly rotating menu. Registered nurses inform the kitchen regarding residents' dietary requirements, which includes likes and dislikes, modified diets and preferences. The RNs interviewed described the process for management of residents with unexplained weight loss or gain, including referral to a dietitian as required. Documentation reviewed showed monthly monitoring of all residents' weight. Care plans include dietary requirements.</p> <p>Snacks are available for residents when the kitchen is closed. All residents and families interviewed were very satisfied with the food service provided. A number of Indian residents commented that they enjoy the curries the kitchen provides daily.</p> <p>Food, fridge, chiller and freezer temperatures are recorded. Frozen food temperatures (on arrival to the facility) are recorded. These were sighted.</p> <p>The service provides special equipment such as built-up cutlery, lipped plates and beakers as required.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>A written record of each resident's progress was documented as evidenced in the eight resident files reviewed. Resident changes in condition are followed up by a RN as evidenced in residents' progress notes. When a resident's condition alters, the registered nurse initiates a review and if required, a GP consultation or referral to the appropriate health professional is actioned. The clinical staff stated they have all the equipment (referred to in care plans) necessary to provide care. The residents stated their needs were being met.</p> <p>Short-term care plans are in place. Monitoring forms are used by RNs. Monitoring</p>

		<p>forms sighted were monthly blood pressure and weighs, pain monitoring and nutritional and food monitoring.</p> <p>Dressing supplies are available. Wound care plans were completed for 12 category-one skin tears, one category-two skin tear, a surgical removal of a lesion and one bunion. All wounds have been evaluated within the required timeframes. There is wound care specialist advice available as needed. The GP has noted that one wound may need to be referred and the staff have taken photos of the progress of this wound.</p> <p>Contenance products are available and specialist continence advice is available as needed.</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 a diversional therapist for 30 hours a week and an activity coordinator for 37.5 hours a week. The diversional therapist attends the diversional therapy support group and study days. The activity coordinator has completed a dementia course. Both attend Bupa study days. There is no set activity programme at the weekend but there are DVDs and games available as well as church services. There are adequate resources available. There is a weekly programme for the rest home/hospital and for the dementia unit. These are advertised on noticeboards. The dementia unit residents may attend entertainment in the rest home or hospital under supervision. The programme is flexible and includes group exercises, crafts, games, quizzes, bingo, entertainment and outings. The diversional therapist and the activity coordinator visit residents in their rooms for one-on-one if they do not wish to participate. If the resident is able, they also take them out for a coffee. Special occasions such as birthdays, Mother's Day, Anzac Day, Melbourne Cup and Christmas are celebrated.</p> <p>Activity assessments are completed on admission in the resident files sampled. Activity plans are reviewed six monthly or as necessary. Two monthly resident meetings allow for feedback on the activity programme and residents voice their opinions one-on-one.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>In the eight care plans sampled, all were reviewed and evaluated by the registered nurses at least six monthly or as necessary. Residents stated that they are involved in the evaluation of the care plan. There is also documented evidence of family involvement. The GP examines the residents and reviews the medications monthly or as necessary. Short-term care plans were sighted for short-term needs and these were evaluated in a timely manner.</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 previous partial provisional audit identified that the service did not yet have a certificate of public use. This has been provided and has now been superseded by a building warrant of fitness that expires on 23 April 2016.</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>	<p>FA</p>	<p>The previous partial provisional audit identified that the service did not yet have an approved fire evacuation plan. This was obtained from the New Zealand Fire Service on 20 November 2014.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>CI</p>	<p>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>Individual infection report forms are completed for all infections. Infections are included on a monthly register and the infection control coordinator completes a monthly report. Infection control data is collated monthly and reported at the quality, qualified staff and staff meetings. The infection control programme is linked with the quality management programme.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Sunset continues to exceed the required standard around infection control surveillance.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes comprehensive restraint procedures. The process of assessment and evaluation of enabler use is the same as a restraint and included in the policy.</p> <p>There are 12 residents with restraint in the hospital and no residents with enablers. There is a strong drive to reduce restraints and involve families/EPOA in the process and this has resulted in a decrease in restraint use. Review of restraint usage is completed in the facility and is benchmarked against the organisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	<p>There are five InterRAI trained RNs and one about to commence training. All residents have a comprehensive suite of paper-based risk assessments completed within the required timeframes which inform the care plans. InterRAI assessments have not been completed within the timeframe in four files reviewed. Where they have been completed, the assessments inform the care plans.</p>	<p>Four of the eight files reviewed were admitted after 1st July 2015. Of the eight files, four did not have an interRAI assessment.</p>	<p>Ensure InterRAI assessments are completed within the required timeframes.</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, 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
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	CI	<p>Bupa Sunset goals for 2015 have been reviewed in an ongoing manner in quality and staff meetings, resulting in improved outcomes for the facility, the staff and the residents. Quality goals for 2016 have been developed with input from staff.</p>	<p>Sunset has continued to exceed the standard around the identification and regular review of quality goals. In late 2014, with input from staff the three quality goals were developed for 2015. These were around the orientation of new residents to the service; enabling residents to live longer, healthier, happier lives, and reducing restraint use by 10%. The goals were reviewed in an ongoing manner at each quality meeting and at each staff meeting, with implementation plans changed to improve progress. The review of the goals at the end of 2015 indicated that all goals were met. The development and use of a checklist around resident orientation and ‘buddying’ of residents resulted in 98% of residents stating that a supportive, homelike environment was provided. The promotion of</p>

			enabling residents to have longer, happier healthier lives resulted in every residents birthday being individually celebrated, one new activity introduced every week, regular weekly cinema sessions, fortnightly special breakfast, fortnightly special outings and the introduction of life skills activities for dementia residents. Residents and families reported 98% satisfaction with meaningful activities in the 2015 satisfaction survey. Restraint usage has decreased by 60% from January to May, with a reduction of nine residents by the end of December 2015.
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>There is a comprehensive quality and risk management process in place. The service monitoring programme includes (but not limited to) environment, kitchen, medications, care and hygiene, documentation, moving and handling, Code of rights, weight management, health and safety, accident reporting documentation, care planning and infection control.</p> <p>Monitoring in each area is completed monthly, quarterly, six monthly or annually as designated by the internal auditing programme schedule.</p> <p>Audit summaries and action plans are completed as required depending on the result of the audit. Key issues are reported to the appropriate committee (e.g., quality, staff, and an action plan is identified). These were comprehensively addressed in meeting minutes sited.</p> <p>There are also a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected. Sunset is proactive in developing and implementing quality initiatives. All meetings include excellent feedback on quality data where opportunities for</p>	<p>Sunset has continued to exceed the required standard around using the analysis of quality data to improve outcomes for residents. For example in February and March 2015, the service was above the benchmark for bruising in the dementia unit and rest home. A corrective action plan was implemented that included reminders to staff, an emphasis on call bells being within reach and on resident nails being short and this resulted in the service falling below and remaining below the benchmark since this time. In April 2015, the service was above the benchmark for pressure injuries in the hospital. A corrective action plan was developed and implemented which included an emphasis on meeting resident's needs including two hourly turns, a focus on cleaning residents straight after soiling and staff education that resulted in decrease in the pressure injury rate and a sustained period of the service being below the benchmark.</p>

		<p>improvement are identified.</p> <p>The service is active in analysing data collected. Four benchmarking groups across the organisation are established for rest home, hospital, dementia, and psychogeriatric/mental health services. Sunset is currently benchmarked in three of these areas; hospital, dementia and rest home. Quality indicators are provided to the benchmarking groups. Feedback is provided to Sunset via graphs and benchmarking results are discussed. Corrective action plans are completed where benchmarking was above the KPI. The facility manager provides a documented weekly report to the Bupa operations manager. The operations manager visits regularly and completes a report to the general manager.</p>	
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>The service uses the Bupa annual training plan to ensure all compulsory training topics are covered. Additionally, training specific to service needs is provided. Caregivers attend training days at the Auckland District Health Board and registered nurses complete the PDRP programme through Bupa. Toolbox talks are provided the cover issues relating to service shortfalls, identified incidents, or specific needs. The service has exceeded the required standard by using creative training initiatives to improve resident outcomes.</p>	<p>Bupa Sunset has a goal to improve resident outcomes and uses training as a way to ensure this. Examples include a quality goal to reduce restraint use. Comprehensive staff training was provided. The caregivers interviewed could describe learnings from this training, including the requirement to anticipate residents' needs and know them well, ensure frequent walks, toileting, drinks and position changes and monitoring to reduce the need for restraint. Because of this, restraint use has significantly reduced. Training on dysphasia in 2015 resulted in two residents previously on puree diets being successfully trialled on normal diets and a corresponding increase in quantities eaten and meal enjoyment for these residents. All staff, including cleaners, have completed or are progressing toward the completion of the dementia unit standards. This has allowed cleaners and auxiliary staff to have a better understanding of residents needs and how to</p>

			assist residents when they are the only person available, rather than having a delay while a caregiver is called. This initiative has been one of the factors responsible for a decrease of falls in the dementia unit by close to 50%.
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>Infection control (IC) data is collated monthly and reported to the quality meetings. The meetings include the monthly IC report. Infections are documented on the infection monthly register. The surveillance of infection data assists in evaluating compliance with infection control practices. The IC programme is linked with the quality management programme. Quality improvement initiatives are taken and recorded as part of continuous improvement. Documentation covers a summary, investigation, evaluation and action taken. There are a number of internal audits completed including (but not limited to) standard precautions, food service and environmental cleanliness.</p>	<p>Sunset has a goal to reduce infections and uses benchmarking data to ensure this happens. When the service is above the benchmark for an infection category in any of the three service levels, a corrective action plan is developed to reduce the infection rate. For example, the wound infection rate for the rest home was above the benchmark in June and July 2015. The resulting corrective action plan included a number of initiatives such as staff training, GP assessment and review of wounds and the use of high protein diets. This resulted in a decrease in the number of wound infections.</p>

End of the report.