

Bupa Care Services NZ Limited - Harbourview Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Harbourview Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 February 2016 End date: 3 February 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:	57



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 Harbourview provides rest home and hospital level care for up to 58 residents. On the days of audit, there were 57 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and a general practitioner.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager/registered nurse. Quality risk management systems and processes are embedded at Harbourview. Feedback from residents and families was positive about the care and services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

Since the previous audit the following environmental improvements have been made, refurbishment of the kitchenette and dining room in the hospital area, continuing refurbishment and upgrading of resident rooms, new lighting throughout the facility, new call bell system and the installation of air conditioning units in the main lounges.

There are two areas identified for improvement around the care plan interventions and self-medicating residents.

The service has been awarded a continuous rating around good practice and food services.

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.

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

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Annual goals (2016) for the facility have been determined, which link to the overarching Bupa strategic plan. A risk management programme is in place, which includes managing adverse events and health and safety processes. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training for staff is in place. Registered nursing cover is provided 24 hours a day, seven days a week.

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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There is a comprehensive admission package available prior to or on entry to the service. Residents' records reviewed provide 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. Resident files include notes by the general 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 integrated activities programme is implemented for the rest home and hospital residents. 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 done on site. All residents' nutritional needs are identified and documented. Choices are available and provided. Meals are well presented and a dietitian has reviewed the Bupa menu plans.

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 current warrant of fitness. 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 are shared and single ensuites. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. 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 approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged within the last year. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures are monitored.

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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Enablers are voluntary and the least restrictive option. There were six residents with restraints and two residents who required an enabler during the audit. Appropriate assessments, care planning, monitoring and evaluations were in place around restraint and enabler use. Staff have received training and education on challenging behaviour and restraint minimisation and safe practice.

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 (clinical manager) 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	2	46	0	2	0	0	0
Criteria	2	97	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with four caregivers (one rest home and three hospital) showed an understanding of the key principles of the code of rights.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There are signed general consents including outings on eight of eight resident files sampled (three rest home including a younger person and five hospital level of care residents). Resuscitation treatment plans and advance directives were appropriately signed in the files reviewed.</p> <p>Discussions with caregivers and one registered nurse (RN) confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the Health and Disability Commissioner is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends, and community groups by encouraging their attendance at functions and events. This includes resident's visits to the local mall, visiting the library and attending community celebrations. Resident/family meetings are held bi-monthly.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, using a complaints register. Documentation including follow up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner.</p> <p>Discussions with the residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestions box are in a visible location at the entrance to the facility. Five complaints received in 2015 were reviewed with evidence of appropriate follow-up actions taken.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. On entry to the service, the care home manager or clinical manager discusses the information pack with the resident and the family/whānau.</p> <p>Discussions relating to the Code are held during the quarterly resident/family meetings. Six residents (three rest home level and three hospital level) and six relatives (four rest home level and two hospital level) interviewed report that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service ensures that the residents' rights to privacy and dignity are recognised and respected at all times. The confidentiality and resident privacy policy, states the care home manager is the privacy officer (confirmed in interview). The residents' personal belongings are used to decorate their rooms. Residents all have single rooms. Discussions of a private nature are held in the residents' rooms. The caregivers interviewed report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They report that they encourage the residents' independence by encouraging them to be as active as possible. All of the residents interviewed confirmed that their privacy was respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and 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 is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. During this audit there were no residents who identified as Māori. Māori consultation is available through the documented Iwi links and Māori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</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 identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment,</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries including the boundaries</p>

sexual, financial, or other exploitation.		<p>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>Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with caregivers could describe how they build a supportive relationship with each resident. Interviews with families confirmed the staff assist to relieve anxiety.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<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 district health board, which includes visits from the mental health team and nurse specialist's visits. Physiotherapy services are provided on site, eight hours per week. There is a regular in-service education and training programme for staff. Registered nurses are supported to attend external education.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policies and procedures relating to accidents/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is available and used where indicated. The information pack is available in large print and read to residents who require assistance.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health "Long-term Residential Care in a Rest Home or Hospital "what you need to know" is provided to residents on entry. The residents and family are informed prior to entry of the scope of services and any items they have to pay that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the</p>	FA	<p>Harbourview rest home and hospital is a Bupa residential care facility. The service provides care for up to 58 residents at hospital and rest home level of care. On the day of the audit there were 31</p>

<p>organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>hospital level and 26 rest home level residents, including one on a long term chronic contract (hospital) and three on a younger person's contract (two hospital and one rest home level). There are no dual-purpose beds with a rest home wing and a hospital wing.</p> <p>Harbourview is part of the central Bupa region, which includes 10 facilities. The managers in the region teleconference monthly and meet six monthly. A forum is held every six months (with a national conference including all the Bupa managers). Quarterly quality reports on progress towards meeting the quality goals identified, are completed at Harbourview and forwarded to the Bupa quality and risk team. Meeting minutes reviewed included discussing ongoing progress to meeting their goals. Harbourview annual goals link to the organisations goals and this is reviewed in quality meetings and in staff meetings. A vision, mission statement and objectives are in place. Annual goals (2016) for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>The care home manager is an enrolled nurse (EN), he has been in the role since July 2011. A clinical manager who has been in this position since April 2014 supports him. The operations manager, who visits at least weekly, also provides support.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>A clinical manager (RN) who is employed fulltime supports the care home manager. The clinical manager takes responsibility of daily operations in the absence of the care home manager, with support from the regional manager. He has had experience as a clinical manager for 2 1/2 years.</p> <p>The service operational plans, policies and procedures promote a safe and therapeutic focus for residents affected by the aging process and promotes quality of life.</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>	<p>FA</p>	<p>Harbourview has an established quality and risk management system in place. Interviews with staff and a review of meeting minutes/quality action forms, demonstrates a culture of quality improvements. Quality and risk performance is reported across the facility meetings and to the organisation's management team. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p>

		<p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure injuries, wounds, and medication errors. An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data and benchmarked results are discussed in quality meeting minutes, which are available to all staff. Corrective actions are implemented when service shortfalls are identified and signed off when completed.</p> <p>Falls prevention strategies are in place (link CI 1.1.8.1). A health and safety system is in place. Hazard identification forms and a hazard register 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>	FA	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Ten accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked and analysed for trends.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. Notification to relevant authorities was sighted for an influenza outbreak in September 2015.</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 resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files sampled included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to the role. Staff interviewed stated that new staff are adequately orientated to the service. The service has a designated orientation coordinator to support new and existing staff. A register of practising certificates is maintained.</p> <p>There is an annual education and training schedule in place. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	FA	<p>Staffing levels meet contractual requirements. The care home manager (EN) and clinical manager (RN) are available during weekdays. Adequate RN cover is provided 24 hours a day, seven days a</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>week. There is at least one registered nurse on duty in the hospital wing at all times. Sufficient numbers of caregivers support RNs. There are three caregivers on morning shift, afternoon shift and one at night in the rest home. There are six caregivers on morning shift, five on afternoon shift and one at night in the hospital. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are in separate locked and secure areas. Resident files are integrated. Progress notes are dated and timed on entry and identify the designation of the writer.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>A needs assessment is completed prior to entry for full-time care. Bupa has a community liaison coordinator who screens potential clients prior to admission, ensuring the service can provide the level of assessed care. The care home manager discusses the admission process and the agreement with the resident/relative. The admission agreement reviewed aligns with a) -k) of the ARC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>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</p>	<p>PA Low</p>	<p>Medications are managed appropriately, in line with legislative requirements. Registered nurses in the hospital and caregivers in the rest home administer medications. All medication competent staff have completed annual medication competencies and annual medication education. 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 two</p>

<p>and safe practice guidelines.</p>		<p>rest home residents self-medicating, both had competencies completed by the GP. There was no documented evidence of the monitoring of self-medicating residents. Medication fridge temperatures are checked daily and are within acceptable ranges.</p> <p>Sixteen resident medication signing sheets were reviewed. Signing sheets correspond to instructions on the medication chart.</p> <p>Sixteen medication charts reviewed were current and reviewed at least three monthly by the GP. There was photo identification and allergy status documented on all 16 medication charts.</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>CI</p>	<p>The qualified chef oversees the food services. The menus have been audited and approved by an external dietitian. 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 alternatives for dislikes are accommodated.</p> <p>End cooked food temperatures are recorded daily on each meal. Serving temperatures from bain maries are monitored. 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. The kitchen has a good workflow and is well equipped. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>Food services staff have completed on-site food safety unit standard 167 and chemical safety. The chef manager is enrolled in assessor training.</p> <p>The food service has been awarded a continuous improvement rating.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>There is an admission information policy. The service would record the reason (no bed availability or unable to meet the acuity/level of care) for declining service entry if this occurred. Potential residents would be referred back to the referring agency if entry is declined.</p>
<p>Standard 1.3.4: Assessment</p>	<p>FA</p>	<p>The RN completes an initial assessment booklet on admission, which includes risk assessment</p>

<p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>tools. All available information such as medical history, discharge summaries and discussion with the resident/relatives form the basis of the initial care plan and long-term care plans.</p> <p>The outcomes of risk assessments on admission and through the InterRAI assessments were reflected in the care plans sampled. All residents have an InterRAI assessment completed on admission and six monthly or earlier due to health changes.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Service delivery plans are comprehensive, and demonstrate service integration and input from allied health. Care plans describe the resident's needs, goals and supports/interventions to achieve their desired goals (link 1.3.6.1). 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 in the care plan and in the family contact form, of family involvement in the care plan process. The long-term care plan was completed within three weeks in the resident files sampled. The care plans identify allied health professional input into the residents care.</p> <p>Short-term care plans were in use for short-term needs and changes in health status. Short-term care plans are reviewed and either resolved or added to the long-term care plan if there is an ongoing problem.</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>PA Low</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. There is documented evidence written on the family contact record of family notification when a resident health status changes, including infections, incidents/accidents, GP visits, medication changes, appointments and transfers. Relatives confirmed they are notified of any resident concerns and any significant events. 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.</p> <p>Initial wound assessments and dressing plans, and ongoing evaluations have been completed for 11 minor wounds and 2 current pressure injuries (both grade 1). One recently healed pressure injury is checked daily and has a protective dressing. A shortfall has been identified around the frequency of dressing changes.</p> <p>Monitoring forms are available for use and include blood pressure, weight monitoring, nutritional food and fluid monitoring record, two hourly turning charts, pain monitoring tool, neurological observations and behaviour monitoring charts. Not all monitoring forms were in place as applicable.</p>

		Not all residents identified at risk had documented interventions in the care plans.
<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 team of three activity coordinators to coordinate and provide the integrated rest home/hospital activity programme. The activity coordinators attend six monthly Bupa training for activities and attend relevant on-site education.</p> <p>The programme is delivered Monday to Friday, with caregivers coordinating and supervising activities as per the weekend calendar. There are two activity coordinators on two of the weekdays offering residents a choice of activities. One-on-one time is spent with residents who are unable to or choose not to join in the group activities. Bupa has set activities on the programme that is delivered with the flexibility to add site-specific activities, entertainers and outings. Activities meet the abilities of both resident groups. There are three volunteers involved in the activity programme spending time with residents, giving manicures and having chats.</p> <p>Residents are encouraged to maintain links with the community including weekly outings, visits to clubs and RSA, visiting Nuns for communion and attending churches of their choice. Canine friends visit weekly. The service has a wheelchair hoist van. Activity coordinators have current first aid certificates.</p> <p>Special events, themes and birthdays are celebrated. Staff are actively involved in activities such as the pantomimes, cultural week, mid-winter Christmas and celebrations. Harbourview initiated the Bupa wearable arts.</p> <p>The family/resident completes a 'Map of Life' on admission, which includes previous hobbies, community links, family, and interests. In all resident files reviewed, the individual activity plan was incorporated into the care plan and reviewed at the same time as the care plan.</p> <p>Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</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 eight files sampled. One rest home resident had not been at the service long enough for a review. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, 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 (link 1.3.6.1). Short-term</p>

		care plans are evaluated at regular intervals.
<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>	FA	<p>Referral to other health and disability services is evident in the 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, ambulance/emergency services and allied health professionals.</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>	FA	<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 is to be worn. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. There is a chemical spills kit available. Staff have attended chemical safety training with the approved provider for chemicals.</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>	FA	<p>The building has a certificate for public use dated 30 June 2016. Reactive maintenance (maintenance requests logbooks) and a 52 week planned maintenance schedule is in place and maintained. There is a fulltime maintenance person employed who has chemical safety training and is on the health and safety committee. Medical equipment including hoists and wheel-on scales have been calibrated annually. Electrical testing and tagging has been completed annually. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius. There are contractors for essential service available 25/7.</p> <p>Environmental improvements include refurbishment of the kitchenette and dining room in the hospital area, continuing refurbishment and upgrading of resident rooms, new lighting throughout the facility, new call bell system and the installation of air conditioning units in the main lounges.</p> <p>The corridors are wide and promote safe mobility when using mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens are well maintained. There is outdoor furniture and</p>

		<p>seating and shaded areas. There is safe wheelchair access to all communal areas. There is a designated smoking room with ventilation.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</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 hand basins. There is a mix of shared toilet ensuites and full ensuites. There are adequate numbers of communal toilets located near the communal areas. There are spacious shower rooms that can accommodate a shower trolley if necessary. All toilets and shower rooms have vacant/engaged privacy locks (including the shared ensuites). There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Residents interviewed report their privacy is maintained at all times. Shower curtains are in place.</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 rooms and hospital rooms are spacious enough to manoeuvre transferring and mobility equipment to safely deliver the assessed level of care. The bedroom doors are wide enough to allow ambulance access if required. Residents are encouraged to personalise their bedrooms as desired. Four rest home bedrooms downstairs have internal and external stair access. The physiotherapist assesses the ability of the resident to manage the stairs on admission and reviews the resident six monthly or earlier if required.</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 is a large central rest home/hospital lounge with smaller quieter lounges available for visitors and quiet activities. There is a large main dining room and a smaller dining room in the hospital wing for residents who require more support during meal times.</p> <p>Residents (as able) were observed to be moving freely with the use of mobility aids. Furniture was well arranged to facilitate this. The hospital dining room and lounges accommodate specialised lounge chairs. Seating and space is arranged to allow both individual and group activities to occur.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe</p>	FA	<p>All laundry and personal clothing is laundered on-site. There are two laundry persons on duty seven days week. The laundry is well equipped. A laundry chute is used to get the dirty laundry bags to the downstairs laundry. A dumb waiter is used for the return of clean laundry upstairs.</p>

<p>and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>Internal audits monitor the effectiveness of laundry processes. There were adequate linen supplies sighted in the facility linen store cupboards</p> <p>There are dedicated cleaning staff. Cleaning trolleys are well equipped and stored safely when not in use. The cleaning supervisor oversees the cleaning team. 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>	<p>FA</p>	<p>Emergency and disaster policies and procedures are in place. An approved fire evacuation plan is available. Fire evacuation drills take place every six months. The orientation programme and annual education and training programme include mandatory fire and security training. Staff interviewed confirmed their understanding of emergency procedures.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency. A call bell system is in use. Residents were observed in their rooms with their call bell alarms in close proximity. A minimum of one person with a current first aid certificate is available 24 hours a day, seven days a week. External lighting and security systems are adequate for safety and security.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The facility has radiator 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.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<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 with clearly defined guidelines for the infection control officer, who is the clinical manager. The infection control committee and the governing body is responsible for the development of the infection control programme and its annual review. The facility has infection control goals set for 2016. The infection control committee meets three monthly and comprises of representatives across the service.</p> <p>The facility has adequate signage and hand sanitisers appropriately placed throughout the facility. Visitors are asked not to enter the facility if they have contracted or been in contact with infectious</p>

		diseases. Staff are offered influenza vaccines with 60% uptake for 2015 and 93% of residents received the influenza vaccine 2015.
<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>	FA	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, laboratory and expertise within the organisation. Within the last year, the infection control officer attended an annual infection control seminar delivered by an infection control specialist. The infection control officer presented an outbreak management case at the regional infection control meeting.
<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>	FA	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>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control officer is responsible for coordinating/providing education and training to staff. All staff receive infection control education as part of the orientation programme. Staff are required to read policies and complete the infection control hand hygiene competency. Staff attend annual infection control education as per the training planner (March/April 2015). A staff debrief was held following an outbreak in September 2015.</p> <p>Resident education is expected to occur as part of providing daily cares. Resident meetings provide an opportunity to discuss the prevention of the spread of infection.</p>
Standard 3.5: Surveillance	FA	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to

<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>determine infection control activities, resources and education needs within the facility. Infection control data is collated monthly and reported at quality and risk, infection control committee 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. 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 that advise and provide feedback/information to the service.</p> <p>The service had one outbreak of confirmed influenza in September 2015. Documentation sighted confirmed authorities had been notified within a timely manner and the outbreak well managed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required, for maintaining safety and independence. The service has two residents with bedrails on the enabler register and six residents on the restraint register. All enabler use is voluntary.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint coordinator is the clinical manager. The restraint approval process and the conditions of restraint use are recorded on the restraint assessment form. Suitably qualified and skilled staff such as the RN and GP, undertake assessments in partnership with the resident and their family/whānau. The multi-disciplinary team is involved in the assessment process.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in</p>	FA	<p>The service completes assessments for residents who require appropriate restraint or enabler intervention. Suitably qualified and skilled staff, in partnership with the family/whānau, undertake assessments. The restraint assessment form is completed with input from the RN and GP and the resident's family, and this was documented in the three residents' files reviewed that use restraint.</p>

relation to use of restraint.		
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	<p>The restraint policy requires that restraint is only put in place where it is clinically indicated and justified. The policy requires that restraint, if used, be monitored closely and this is done daily using a monitoring form. The assessment for restraint includes exploring alternatives, risks, other needs and behaviours. Three files were reviewed for residents with restraint. The review identified clear instructions for the use of bedrails or the lap belt, approval process, risks and monitoring requirements.</p> <p>A full description of restraint intervention is in the care plan, with daily monitoring records completed by staff.</p> <p>The restraint register is in place and updated monthly.</p>
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	<p>Three files of residents requiring restraint were reviewed. The use of restraint episodes/assessments are evaluated two monthly and documented; if a change occurs, it is documented at the time. Restraint is also reviewed six monthly as part of the care plan review.</p>
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	<p>The restraint coordinator is the clinical manager. The restraint committee at Harbourview includes clinical and non-clinical staff who meet two monthly to review restraint use. An annual audit is completed on restraint use.</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)
Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	There were two rest home residents self-medicating on the day of audit. They both had self-medication competencies completed by the RN and GP. Competencies are reviewed three monthly or earlier for any changes that may affect the resident's ability to self-medicate. Staff are required to check the self-medicating resident for compliance daily.	There was no documented evidence of the monitoring of the self-medicating residents.	Ensure self-medicating residents are monitored as per policy. 60 days
Criterion 1.3.6.1 The provision of services and/or	PA Low	Residents and family interviewed state their expectations of care meets the resident needs. Assessment tools are completed for falls, pressure injury, weight loss, behaviours, restraint, pain	1. a) Two residents assessed as high level of risk of pressure injury (one with a current pressure injury and one with a healed pressure injury), did not have turning charts in place as per the care plan (although staff could describe two hourly turns provided to these residents). b) Two residents identified	1) Ensure interventions are documented and implemented to meet the

<p>interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>and wounds as applicable. The level of risk is identified on the care plans. Not all interventions to appropriately manage the level of risk have been documented. Residents at risk of pressure injury are required to have turning charts in place as per care plan.</p> <p>There were wound assessments and ongoing evaluations for 11 minor wounds and two current pressure injuries and daily checks for one resolved pressure injury. Short-term care plans were in place. Chronic wounds were linked to the long-term care plans. Not all minor wounds had dressing changes completed at the documented frequency.</p>	<p>as high falls risk did not have appropriate falls management strategies in place for the prevention of falls. c) There were no documented behaviours, triggers and interventions for one resident with identified behaviours as recorded on the behaviour chart. d) There is no pain assessment or pain management documented for one resident with an exacerbation of pain requiring GP involvement.</p> <p>2. Four of 11 minor wounds had not had dressing changes/evaluations completed as per the frequency documented on the wound management plan.</p>	<p>resident's current health status. 2) Ensure all wounds have dressing changes and wound evaluations completed at the required frequency.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The service identified two clinical goals for 2015 around reduction of falls and reduction of bruises. Quarterly data for falls and bruises was analysed over a period of one year with significant reduction below the organisation KPIs (key performance indicators). The service has been successful in implementing a number of quality initiatives to achieve the goals of 10% reduction in reported bruises and 10%</p>	<p>1) A falls focus committee was set up to identify vulnerable residents, implement falls prevention strategies and raise staff awareness around falls preventions and hazard management. Education on moving and handling by the physiotherapist, hazard management and falls prevention education was well attended by staff. Hydration and toileting needs of residents at high risk of falls, were managed with increasing fluid rounds and fluid monitoring charts in place. Assisted/supervised and pre-empted regular toileting and care needs have contributed to the reduction of falls. A physiotherapist is contracted for eight hours a week and more as required. The physiotherapist (interviewed), assess all residents on admission and post falls. Individual exercise programmes help with muscle strengthening and balance. The physiotherapist is involved in the assessment of mobility equipment and multidisciplinary meetings with RNs and family. A new improved call bell system including sensor mats, alerts staff promptly to potential falls. All high-risk residents are on half hourly visual checks and encouraged to wear hip protectors. A rise in falls during August to October coincided with a rise in urinary tract infections and the influenza outbreak. Overall, there has been a reduction of falls from 126.5 in 2014 to 68.1 for 2015. The service is continuing to focus on further falls</p>

		reduction in reported falls in the hospital area.	reduction and this goal is linked to the 2016 quality risk plan. 2) Reduction of bruises was identified as a 2014 goal, however the service identified further improvement was required in 2015. Prevention of bruises for vulnerable residents, transferring of residents, were regular topics of discussion at the clinical and quality meetings. The physiotherapist provided sessions on safe manual handling for new and existing staff. Challenging behaviour education provided staff with knowledge and practice around de-escalation and distraction techniques. Improved clinical practice and education evidences a reduction in reported bruises. There were 33.4 bruise incidents reported in 2014 and 19.9 reported bruises in 2015.
Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	CI	The resident survey around food satisfaction increased from 60% in 2014 to 92% in 2015. Residents and families interviewed commented very positively on the food services, around the taste, variety, presentation and choice of meals. The food comments book in the dining room was sighted and recorded resident and family comments about meals as exceptional, very tasty, well presented and amazing.	The service identified a need to improve the quality, variety and presentation of meals. The qualified chef worked as a caregiver and kitchen assistant prior to chef training and worked as a hotel chef before returning to Harbourview. He has implemented a number of new initiatives that has increased the resident and relative satisfaction around the meals. The menu is adapted to resident preferences with new flavours and meals introduced, with menu and nutritional requirements being met. The chef provides cooking demonstrations and tastings for residents on meal variations. The manager and staff are offered tastings and are able to describe the meals to residents in the dining rooms. A photograph book displays the meal presentations. The chef and cook/kitchen serve the meals from the bain maries in each dining area at midday and dinnertime (observed). They are aware of resident dislikes and ensure alternatives are provided. They are also able to monitor the resident's appetite and preferences and receive feedback on the meals. Residents choose their flavour of birthday cake that is personally decorated by the chef. Potential clients and their families are invited for a meal as part of the enquiry process. The resident survey around food satisfaction increased from 66% in 2014 to 92% in 2015.

End of the report.