Bupa Care Services NZ Limited - Gardenview Rest Home

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Gardenview Rest Home
Services audited:	Dementia care
Dates of audit:	Start date: 15 March 2016 End date: 16 March 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: 39

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Gardenview is part of the Bupa group. The service is certified to provide dementia level care for up to 41 residents. On the day of audit, there were 39 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 a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management and general practitioner.

The care home manager (RN) has been in the role for the last three years and was previously clinical manager. The manager is supported by a clinical manager who has been in the role for the last two years.

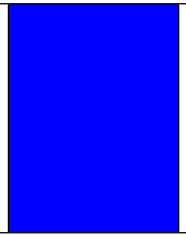
There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Gardenview. Quality initiatives are implemented which provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

The facility has embedded the interRAI assessment protocols within its current documentation. Bupa assessment booklets and care plans were individualised and comprehensively completed for all resident files reviewed. 'At risk' residents were identified and monitoring strategies were implemented and regularly evaluated.

The service is achieving four continual improvement ratings relating to good practice, implementation of quality goals and the quality system.

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.

Gardenview endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. 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. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that 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. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

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

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. Goals are documented for the service with evidence of annual reviews. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Gardenview is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual relative satisfaction survey is completed and there are regular relative newsletters. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. Ongoing education and training for staff is in place.

Continuum of service delivery

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

The care home manager takes primary responsibility for managing entry to the service with assistance from the clinical manager. Comprehensive service information is available. Initial assessments are completed by a registered nurse, including interRAI assessments. The registered nurses complete care plans and evaluations within the required timeframes. Care plans are based on the interRAI outcomes and other assessments. They are clearly written and caregivers report they are easy to follow. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. There are activities planned to cover the 24 hour period. Medicines are stored and managed appropriately in line with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on site by a contracted agency under the direction of a dietitian. The menu is varied and appropriate. Individual and special dietary needs are catered for and nutritious snacks are available over the 24 hour period. Residents interviewed were complimentary about the food service.

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.

Bupa Gardenview has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted in designated external areas.

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.

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. The service continues to remain restraint-free.

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 programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training 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. 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	3	42	0	0	0	0	0
Criteria	4	89	0	0	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 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	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 staff (three caregivers, care home manager, clinical manager, one activity coordinator and one diversional therapist), reflected their understanding of the key principles of the Code.
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	There are established informed consent policies/procedures and advanced directives. Copies of EPOA were on all files sampled and were activated. The residents EPOA signs written consents. There is evidence of discussion with family when the GP has completed a clinically indicated not for resuscitation order. Caregivers and the clinical manager interviewed confirmed verbal consent is obtained when delivering care. Family members are involved in decisions that affect their relative's lives. All resident files sampled had a signed admission agreement signed on or before the day of admission and consents.

		Code of Rights and informed consent processes are reviewed through the internal audit process and satisfaction survey.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Information on advocacy services through the HDC office is included in the resident information pack that is provided to family/EPOA on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	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. The service provides assistance to ensure that they are able to participate in as much as they can safely and desire to do. Relative/resident meetings are held bimonthly. Newsletters are provided to relatives.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaints register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. Eight complaints received in 2015 and one in 2016 (YTD) were reviewed with evidence of appropriate follow-up actions taken.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Details relating to the Code are included in the resident information pack that is provided to families. This information is also available at reception. The care home manager, the clinical manager and registered nurses discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are included in the bimonthly family meetings. The five family interviewed, reported that the residents' rights are being upheld by the service.

Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents are treated with dignity and respect. Privacy is ensured and independence is encouraged. Discussions with relatives confirmed they were positive about the service in relation to their family member's values and beliefs being considered and met. The 2015 relative satisfaction survey included 100% outcome around respectfulness and 94% for privacy. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and church services are held. There is a policy on abuse and neglect and staff have received training.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	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. There were no residents identified as Māori living at the facility. 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.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service identifies the residents' personal needs and values from the time of admission. This is achieved with EPOA, and/or family. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	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 of the caregivers' role and responsibilities.

		Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is an infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are rostered across seven morning shifts and five afternoon shifts as well. A house GP visits the facility two days a week and is on call. The general practitioner (GP) reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. The service receives support from the district health board, which includes visits from the mental health team and nurse specialists. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia, and psychogeriatric/mental Health services and benchmarking data is available at Gardenview. Gardenview is currently benchmarked in one area (dementia). If the results are above the benchmark, a corrective action plan is developed by the service. There is a Bupa dementia care specialist available for training and support. The clinical manager and RN are both interRAI trained and transition of residents assessments over to interRAI assessment and care planning has occurred. The 2015 resident/relative satisfaction survey achieved an overall 91% satisfaction score, with a net promoter score of 71%.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Policies and procedures relating to accident/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. Eleven accident/incident forms reviewed (from March 2016), identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. An interpreter policy and contact details of interpreters is available. The information pack is available in large print and is read to residents who

		require assistance. The EPOA/family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. The 2015 satisfaction survey included a section on 'information provided'. The outcome was 100% satisfied.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	CI	Gardenview is a Bupa residential care facility. The service provides dementia level care for up to 41 residents across two separate units (one 21 bed and one 20 bed). On the day of the audit there were 39 residents (20 of 21 residents in Pakeke unit and 19 of 20 residents in Rimu unit). There is one DHB funded respite bed that was not in use on the day of audit. All residents were under the ARC contract. A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Gardenview is part of the central Bupa region and the managers from this region meet quarterly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly report to the Bupa operations manager. The operations manager visits regularly and completes a report to the director of care homes and rehabilitation. A quarterly report is prepared by the care home manager and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve the Gardenview quality goals. Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia, psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia, (e.g., mortality and pressure incidence rates and staff accident and injury rates). Benchmarking of some key indicators with another NZ provider is also in place. The care home manager (RN) has been in the role for the last three years and was previously the clinical manager. The manager is

		supported by a clinical manager who has been in the role for the last two years. The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.
Standard 1.2.2: Service Management 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.	FA	A clinical manager/registered nurse (RN) who is employed full time, supports the care home manager and steps in when the care home manager is absent. The operations manager, who visits regularly, supports both mangers. 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.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	A quality and risk management programme is well established. Interviews with the managers and staff reflect their understanding of the quality and risk management systems. 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. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, restraint use, pressure areas, 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 staff meetings. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. Falls prevention strategies are in place. A health and safety system is in place. Hazard identification forms and a hazard register are in place.

Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	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. Eleven accident/incident forms reviewed (from March 2016). Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked and analysed for trends (link 1.2.3.6). The managers are aware of their requirement to notify relevant authorities in relation to essential notifications.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. A register of practising certificates is maintained. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. New staff are buddied for a period of time (e.g., caregivers two weeks, RN four weeks), and during this period they do not carry a clinical load. The caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. From this, they are then able to continue with Core Competencies Level 3 unit standards. These align with Bupa policy and procedures. There is an annual education and training schedule being implemented. There are three-four in-service sessions scheduled monthly including specific dementia-focused training i.e.: dementia, delirium, activities, and managing behaviours that challenge. Repeat sessions are held regularly to ensure all staff attend. Opportunistic education is provided via toolbox talks. The caregivers undertake Careerforce. There are currently 28 caregivers working at Gardenview; 25 have completed the required dementia standards and 3 are in the process (all new staff).

		A competency programme is in place with different requirements according to work type (e.g., support work, registered nurse, and cleaner). Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files).
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The staffing levels meet contractual requirements. The care home manager or clinical manager is on-call after hours. The care home manager and clinical manager are available during weekdays five days a week. Another RN is rostered afternoon shifts. Sufficient numbers of caregivers are rostered across the two units. From 10pm to 10.45 there is one caregiver per unit. There are three caregivers rostered across the two units at night. Interviews with the staff and relatives confirmed staffing overall was satisfactory. The two units are open between during the day. However, both units are run separately.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The resident 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. An initial support plan is also developed in this time. 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 secure in separate locked and secure areas. Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Residents are assessed prior to entry to the service by the needs assessment team and an initial assessment is completed on admission. The service has specific information available for residents/families/whānau at entry which includes associated information such as the Code, advocacy and complaints procedure, restraint minimisation and the management of challenging behaviour. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement.

Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	The transfer/discharge/exit procedures include a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family were available to assist with transfer and copies of documentation were forwarded with the resident.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies and procedures in place for safe medicine management that meet legislative requirements. All clinical staff who administers medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The clinical manager and care staff interviewed were able to describe their role in regard to medicine administration. Standing orders are used and comply with the organisations medication management policies. There were no self-medicating residents on the day of audit. All fourteen medication charts sampled met legislative prescribing requirements. The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly. Anti-psychotic management plans are used for residents using anti-psychotic medications when medications are commenced, discontinued or changed. The GP reviews the management plans at least monthly or earlier if required. All medication charts sampled identified that the GP or psychiatrist had reviewed the medication chart three monthly. Medication fridge temperatures are monitored and temperatures are within acceptable range.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals at Gardenview are prepared and cooked on site. There is a six weekly seasonal menu which had been reviewed by a dietitian. Meals are delivered to each areas dining area. Dietary needs are known with individual likes and dislikes accommodated. Pureed, gluten free and diabetic desserts are provided. Cultural and religious food preferences are met. Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Family surveys and interviews with residents (where

		appropriate) allow for the opportunity for resident feedback on the meals and food services generally. Family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes. Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded on each meal. The dishwasher is checked regularly by the chemical supplier. There is evidence that additional nutritious snacks available over 24 hours in all areas. All food services staff have completed training in food safety and hygiene and chemical safety.
Standard 1.3.2: Declining Referral/Entry To Services 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.	FA	The service records the reasons for declining service entry to residents should this occur and communicates this decision to residents/family/whānau and the referring agency. Anyone declined entry is referred back to the referring agency for appropriate placement and advice. Information on alternate placement options is given out.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Seven files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the family/whānau and resident where appropriate. The interRAI assessment tool is implemented and interRAI assessments have been completed for all residents. Care plans sampled were developed on the basis of these and other assessments. Challenging behaviours assessments were completed in all files reviewed. Files sampled evidenced that assessments were reviewed at least six monthly or when there was a change to a resident's health condition.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The long-term care plans reviewed described the support required to meet the resident's goals and needs and identified allied health involvement. The interRAI assessment process informs the development of the resident's care plan. Seven resident files reviewed identified current abilities, level of independence, identified needs and specific behavioural management strategies. Family/whānau interviewed reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health

		status. Staff interviewed reported they found the plans easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	When a resident's condition alters, the registered nurse or clinical manager initiates a review and if required, GP or specialist consultation. The family members confirmed on interview they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families were documented in the resident file sampled in the family/whānau contact form. The registered nurse (RN) and caregivers follow the care plan and report progress against the care plan each shift at handover (witnessed). If external nursing or allied health advice is required, the clinical manager or RN will initiate a referral. If external medical advice is required, this will be actioned by the GPs. Staff has access to sufficient medical supplies (e.g., dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described. Wound assessment, monitoring and wound management plans are in place in all files sampled. The RN has access to specialist nursing wound care management advice through the district nursing service. Interviews with clinical manager and the caregivers demonstrated an understanding of the individualised needs of residents. Care plan interventions demonstrate interventions to meet residents' needs. Adequate dressing supplies were sighted in treatment rooms. There is evidence of GP, dietician and specialist involvement in wounds/pressure areas. On the day of audit there were six skin tears and no pressure injuries. All wound care documentation was fully completed.
Standard 1.3.7: Planned Activities 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.	FA	The service has a registered diversional therapist (DT) who oversees the recreational officer and two activities assistants. An activity profile and Map of Life is completed on admission in consultation with the resident/family (as appropriate). Activity plans sighted in all seven files cover the 24-hour period and were reviewed six monthly at the same

		time as the care plans. There is a wide range of activities offered that reflect the resident's needs and participation is voluntary. One-on-one activities occur for residents who are unable or choose not to be involved in activities. Activity participation sheets were maintained in files sampled. The service receives feedback and suggestions for the programme through surveys and one on one feedback from residents (as appropriate) and families. Care staff were observed at various times through the day diverting residents from behaviours. The individual activities observed were appropriate for older people with dementia. There are resources available for care staff to use for one on one time with the resident over the 24-hour period. Relatives stated they were satisfied with the activities provided and that staff were involved in activities with their loved ones, even if only passive participation.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans reviewed at least six monthly and have been updated as changes were noted in care requirements. Care plan evaluations reviewed were comprehensive, relate to each aspect of the care plan and record the degree of achievement of goals and interventions. Short-term care plans are utilised for residents and any changes to the long-term care plan have been dated and signed.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The registered nurse initiates referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous	FA	All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Laundry and sluice rooms are locked when not in use. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons and goggles

substances, generated during service delivery.		are available for staff. Safe chemical handling training has been provided.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness that expires in February 2017. There is a maintenance/gardener staff member who works 21 hours per week and is available on call for facility matters. Planned and reactive maintenance systems are in place. All electrical equipment has been tested and tagged. Clinical equipment has had functional checks/calibration annually. Hot water temperatures have been tested and recorded fortnightly with corrective actions for temperatures outside of the acceptable range. Corridors are wide in all areas to allow residents to pass each other safely. There is safe access to all communal areas and secure outdoor areas. There is outdoor seating and shade. Staff stated they have all the equipment required to provide the level of care documented in the care plans. The service has open plan lounges and dining areas and external areas with seating where quieter activities or family visits can take place. There are quiet, low stimulus areas that provide privacy when required.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	The facility has two wings (Rimu wing has 20 rooms and Pakeke wing has 21 beds). There are five toilets and three showers in Rimu wing and there are four toilets and three showers in Pakeke wing. There are adequate visitor and staff toilet facilities available. Communal toilets and bathrooms have appropriate signage and shower curtains installed. The caregivers interviewed report resident's privacy is maintained at all times. This was observed during the audit.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms are personalised.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining	FA	There are large lounges and large adjacent dining rooms in each wing. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Activities occur throughout the

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		facility. Residents are able to move freely and furniture is well arranged to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	Gardenview monitors the effectiveness and compliance of cleaning and laundry policies and procedures. There is a separate laundry area where all linen and personal clothing is laundered by designated laundry staff. Staff have attended infection control education and there is appropriate protective clothing available. Manufacturer's data safety charts are available. Family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Emergency and disaster policies and procedures are in place. An approved fire evacuation plan is in place. Fire evacuation drills take place every six months. The orientation programme and annual education and training programme include mandatory fire and security training. Staff interviews confirm their understanding of emergency procedures. Required fire equipment was sighted on the day of audit and all equipment has been checked within required timeframes. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, gas cooking and back-up power. A call bell system is in place. There is a minimum of one person who is available 24 hours a day, 7 days a week with a current first aid/CPR certificate. External lighting and security systems are adequate for safety and security.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All communal and resident bedrooms have external windows on security stays which open and allow plenty of ventilation and natural sunlight into the rooms. General living areas and resident rooms are appropriately heated and ventilated. Family interviewed stated the environment was warm and comfortable.

Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator is a registered nurse and she is responsible for infection control across the facility. The committee and the Bupa governing body in conjunction with Bug Control, is responsible for the development of the infection control programme and its review. The infection control programme is well established at Gardenview. The infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, Bupa quality & risk team and Medlab. There has been a norovirus outbreak December 2015 which involved 18 residents and was effectively managed (link 3.5).
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	There are adequate resources to implement the infection control programme at Gardenview. The infection control (IC) nurse (CM) has maintained best practice by attending infection control updates through Bug control. The infection control team is representative of the facility. External resources and support are available through the Bupa quality & risk team when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available
Standard 3.3: Policies and procedures 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.	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control coordinator is responsible for coordinating/providing education and training to staff. Orientation package includes specific training around hand hygiene and standard precautions. Infection control training is regularly held, including (but not limited to) food safety Oct 2015, infection control standards/MROs (September 2015) and infection prevention & control (July 2015).

		The infection control coordinator has received education both in-house and by an external provider to enhance her skills and knowledge. The infection control coordinator has access to the Bupa intranet with resources, guidelines, best practice and group benchmarking. A number of toolbox talks have been provided including (but not limited to) preventing UTIs, hand hygiene, eye cares and glove use.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	CI	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs. Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infections statistics are included for benchmarking. Corrective actions are established where trends are identified.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, regional restraint meetings and at an organisational level. Interviews with the staff confirm their understanding of restraints and enablers. The service remains restraint/enabler free.

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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	All Bupa facilities have a master copy of all policies and procedures and a master copy of clinical forms filed alphabetically in folders. These documents have been developed in line with current accepted best and/or evidenced based practice and are reviewed regularly. The content of policy and procedures are detailed to allow effective implementation by staff. A number of core clinical practices also have education packages for staff, which are based on their policies. A policy and procedure review committee (group) meets monthly to discuss the policies identified for the next two policy rollouts. At this meeting, policy review/development request forms from staff are tabled and priority	Bupa has robust quality and risk management systems and these are implemented at Gardenview, supported by a number of meetings held on a regular basis. Quality improvement alerts are also forwarded from head office to minimise potential risks occurring and the facility is required to complete an action plan. These were covered at Gardenview through toolbox talks (sighted). Education is supported for all staff and a number of caregivers have enrolled or completed a national qualification. The organisation has introduced leadership development of qualified staff, education from HR, attendance at external education and Bupa qualified nurse’s education day. InterRAI is fully implemented at Gardenview. Gardenview is proactive around following through and identifying quality improvements from internal

		for review is decided. The group members are asked to feedback on changes to policy and procedure which are forwarded to the chair of this committee and commonly also to the quality and risk team. Finalised versions include feedback (where appropriate) from the committee and other technical experts. There is a human resources learning and development fund policy. The objective of this policy is to ensure the ongoing learning and development of all employees. The policy identifies funding available through Bupa for three staff categories; a) registered nurses - post-graduate clinical studies, b) leadership and management skill development and c) enrolled nurses and nurse assistants. Bupa has a bi-monthly clinical newsletter called Clinical Bites, which provides a forum to explore clinical issues, ask questions, share experiences and updates with all qualified nurses in the company. Registered nurse interviewed at Gardenview could describe this. Competencies are completed for key nursing skills. Bupa run a registered/enrolled nurse training day and clinically focused training sessions. Bupa newsletters are available for relatives at Gardenview.	audits, incidents/accidents and complaints. QI corrective action plans (CAP) are established when above the benchmark for example; The service identified falls were too high in 2014 and implemented a bi monthly falls focus group meetings in 2015 that focussed on overall stats and looked in more detail at both system/environment changes and individual interventions. The following were implemented; (i)Education for staff around falls prevention strategies including feedback to staff on problem areas, was provided every 2 months; (ii) They identified that some residents needed to have areas to sit along the long hallways in Rimu so hallway seats were installed; (iii) they identified that the pathways outside may contribute to trip/fall hazards – so arranged for these to be grinded down, and (iv) Additional increased seating in the garden areas so residents can have rest stops; and (v) falls prevention strategies implemented for individual residents. Evaluation identified falls remains above the organisations benchmark throughout 2015.
Criterion 1.2.1.1 The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.	CI	Gardenview is part of the central Bupa region and the managers from this region meet quarterly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly report to the Bupa operations manager. The operations manager	Gardenview continues to be proactive around implementing quality goals and annual quality and health & safety goals. Health & safety goals link to the organisational national H&S goals and include Gardenview strategies that are reviewed quarterly to determine progress and effectiveness. There is also one Bfit goal to meet the national goal around

		visits regularly and completes a report to the director of care homes and rehabilitation. A quarterly report is prepared by the care home manager and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve the Gardenview quality goals. Meeting minutes reviewed included discussing ongoing progress to meeting their goals. Gardenview annual goals also link to the organisations goals and this is also reviewed in quality meetings and also in each of the staff/other meetings. This provides evidence that the quality goals are a 'living document'.	healthier staff. 2015 quality goals linked to clinical indicators that were high in 2014. The 2015 goals included "To reduce incidents of bruising by 20%, and "To reduce occurrence of wound infections by 20%". Implemented strategies included (but not limited to) increased education, documentation and monitoring. Quarterly progress/evaluation throughout 2015 identified reduced incidents of bruising and wound infections, but the 20% was not achieved. As a result, the goals have been included again as part of 2016 with a re-vamp of strategies. Ongoing progress documented in 2016 YTD identifies improvements for residents in these areas.
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	There is a comprehensive quality and risk management process in place. Monitoring in each area is completed monthly, quarterly, six monthly or annually as designated by the internal auditing programme schedule. 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. Benchmarking reports are generated throughout the year to review performance over a 12-month period. Quality action forms are utilised at Gardenview and documents actions that have improved outcomes or efficiencies in the facility. The service continues to collect data to support the implementation of corrective action plans.	Gardenview is active in analysing data collected monthly, around accidents and incidents, infection control, complaints and internal audits etc. Example: A major improvement at Gardenview in 2015 was a 20% decrease in falls from the rate of falls in 2014. Actions taken were; Bi monthly falls focus group meetings, bi monthly education around falls prevention, hallway seats installed, pathway grinding and increased seating in the garden areas. On evaluation of the effectiveness of these measures, they noted a drop in falls incidents. Individual QI – corrective action plans have been implemented for individual residents where a fall has resulted in a fracture. Progress and evaluations indicated monitoring of ongoing care and actions to minimise further falls. Falls rates overall in 2015 have remained below the benchmark Example: Environmental improvements have been made following areas identified from feedback in the Satisfaction Survey; (but not limited to) (i) Interior

		Responsibilities for corrective actions are identified. There is also a number of ongoing quality improvements identified through meeting minutes and as a result, an analysis of quality data is collected. Gardenview is proactive in developing and implementing quality initiatives. All meetings include excellent feedback on quality data where opportunities for improvement are identified. Quality action forms have also been implemented. All action forms reviewed included an evaluation for effectiveness.	painting of lounge, dining, bedrooms and hallways; (ii) New lounge furniture for all lounge areas; (iii) New bedroom furniture and beds, (iv) Revamp garden areas, (v) Carpeting of Rimu Units hallways and lounge area to replace vinyl flooring; and (vi) Room dividers made with planter boxes and trellis to make the appearance of the big dayroom in Rimu unit more homely. Evaluation through relative meetings and the compliments register identifies increased satisfaction by relatives.
Criterion 3.5.7 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.	CI	Infection control (IC) data is collated monthly and reported to the IC meetings and all other meetings. 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.	The service continues to exceed the required standard around infection control surveillance. Gardenview has undertaken a number of initiatives as a result of infection surveillance data to reduce infection numbers. IC statistics are discussed at all meetings and corrective actions are implemented when infections increase. An example includes the service benchmarking showing that incidents of eye infections were above the KPI for March 2015. The quality indicator corrective action plan shows a number of implemented actions including (but not limited) talkbox talks, care and hygiene spot audits. As a result, eye infections were reduced. During the norovirus outbreak December 2015, the service completed ongoing quality initiatives including daily meetings and toolbox talks. An evaluation/debrief/reflection meeting post outbreak identified well managed process.

End of the report.