

Bupa Care Services NZ Limited - Elizabeth R Rest Home and 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:

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| Legal entity: | Bupa Care Services NZ Limited |
| Premises audited: | Elizabeth R Rest Home and Hospital |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 19 April 2016 End date: 20 April 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: | 36 |



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

General overview of the audit

Bupa Elizabeth R Rest Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 38 residents. On the day of the audit, there were 36 residents.

A care home manager (enrolled nurse) oversees the service. The care home manager is experienced in aged care management. A clinical manager (registered nurse) and the regional manager support the care home manager. Residents, relatives and the GP interviewed spoke positively about the service provided.

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.

There are established quality systems and processes including implemented annual quality goals. An induction and in-service training programme is implemented. This audit identified improvements required around communication to staff, corrective action plans, and care plan evaluations.

Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. | | Standards applicable to this service fully attained. |
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Bupa Elizabeth R Rest Home and Hospital provides care in a way that focuses on the individual resident. There is a Māori health plan and cultural safety policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services is readily available to residents and families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented, and complaints and concerns are managed and documented. Residents and family interviewed verified ongoing involvement with the community.

Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. | | Some standards applicable to this service partially attained and of low risk. |
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Services are planned, coordinated, and appropriate to the needs of the residents. A care home manager and registered nurse/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.

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.

Registered nursing cover is provided 24 hours a day, seven days a week. The residents' files are appropriate to the service type and are compliant with all legislative requirements.

Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. | | 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. Resident records reviewed provide evidence that the registered nurses utilise the InterRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files include three monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care.

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.

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. Residents' nutritional needs are identified and documented. Choices are available and provided. The organisational dietitian reviews the Bupa menu plans.

Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. | | Standards applicable to this service fully attained. |
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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. Fixtures, fittings and flooring are 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. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures are monitored.

Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. | | Standards applicable to this service fully attained. |
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, the service had two resident's using restraint in the form of a bedrails and a lap belt and six residents with bedrails as an enabler.

Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. | | Standards applicable to this service fully attained. |
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. Infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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) |
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| Standards | 0 | 48 | 0 | 2 | 0 | 0 | 0 |
| Criteria | 0 | 99 | 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) |
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| 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 |
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| <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 three caregivers, the activities coordinator, four registered nurses, the unit coordinator, the clinical manager and the care home manager reflected their understanding of the key principles of the Code.</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>Informed consent processes are discussed with residents and families on admission. The resident or their EPOA signs written consents. Six resident files sampled (three hospital and three rest home) demonstrated that advanced directives are signed for separately. There is evidence of discussion with family when the GP has completed a clinically indicated not for resuscitation order. Caregivers and registered nurses 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</p> |

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| | | before the day of admission. |
| <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 | Information on advocacy services through the HDC Office 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>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p> | FA | Residents 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, and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. This includes resident's visits to local attractions, visiting the library and attending community celebrations. Resident/family meetings are held quarterly. |
| <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 manager, using a complaints register, maintains a record of all complaints, both verbal and written. 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 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. Three complaints received in the past 12 months were reviewed with evidence of appropriate follow-up actions taken. There have been two complaints referred to the Health and Disability Commission since the last audit, which have been investigated and closed off.</p> |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | FA | The Code of Health and Disability Services Consumer Rights (the Code) has been incorporated into care. Discussions with three caregivers (two rest home and one hospital) identified their familiarity with the code of rights. Discussion with six residents (five rest home and one hospital) and three family members (two rest home and one hospital) confirmed |

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| | | that the service functions in a way that complies with the code of rights. Observation during the audit confirmed this in practice. |
| <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 residents' personal belongings are used to decorate their rooms. All rooms are 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 is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect. Any suspected instances of abuse or neglect are dealt with in a prompt manner by the management team.</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 family/whānau in the day-to-day care of the resident. Residents who identify as Māori have their cultural needs met and this is recorded in the long-term care plan.</p> <p>Māori consultation is available through the documented iwi links and through Māori staff 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 and 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> |

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| | | All care plans reviewed included the resident's social, spiritual, cultural and recreational needs. |
| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p> | FA | <p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries including 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. Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Discussions with residents identify that privacy is ensured.</p> |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | FA | <p>Evidence-based practice is apparent, including promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. A general practitioner visits the facility on a Tuesday and Thursday and an afterhours GP service is in place. The general practitioner reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable.</p> <p>The service receives support from the District Health Board, which includes visits from the mental health team and nurse specialists. A physiotherapist visits the service weekly. There is a regular in-service education and training programme for staff. The service has links with the local community and encourages residents to remain independent.</p> <p>The GP interviewed is satisfied with the level of care provided.</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 accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>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. Ten accident/incident forms reviewed identified that family are kept informed. Relatives interviewed stated that they are kept informed when their family</p> |

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| | | <p>member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>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 organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | <p>FA</p> | <p>Elizabeth R Rest Home and Hospital is a Bupa residential care facility. The service provides care for up to 38 residents at hospital (geriatric and medical), and rest home levels of care. On the day of the audit, there were 7 hospital level residents, and 29 rest home residents. Fifteen beds are dual-purpose. The service provides primary care inpatient services, residential non-aged, respite, long-term chronic care, and aged related residential care. On the day of audit, 33 residents were admitted under the Aged Related Residential Care Agreement and three residents were under the age of 65 on long-term chronic needs contracts.</p> <p>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.</p> <p>Elizabeth R Rest Home and Hospital is part of the Northern 2 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 teleconferences weekly and completes a report to the director of care homes and rehabilitation.</p> <p>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 Elizabeth R Rest Home and Hospital quality goals.</p> <p>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.</p> <p>The care home manager is an enrolled nurse with a current practising</p> |

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| | | <p>certificate who has ten years of experience of management in the health sector, including in aged care. She has been in this role since 2014. She is supported by a clinical manager/RN who joined Bupa as a registered nurse in 2014. The clinical manager has been in the role since January 2016.</p> <p>The care home manager and registered nurse/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> | FA | <p>The care home manager, is supported by a registered nurse/clinical manager who is employed full time. The registered nurse/clinical manager provides cover when the care home manager is absent.</p> |
| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | PA Low | <p>Residents are surveyed to gather feedback on the service provided. The 2016 resident satisfaction survey was completed in April and indicated satisfaction with the service.</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.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. One stage 4 pressure injury was reported to the MOH via a section 31 notification on the day of audit.</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>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Seven staff files were reviewed, (including the care home manager, clinical manager,</p> |

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| | | <p>a cook, one registered nurse, one caregiver, one activities coordinator, one cleaner) and included appropriate documentation.</p> <p>The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual performance appraisals were completed in the staff files reviewed.</p> <p>An annual education and training schedule is being implemented. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board and internally by Bupa.</p> <p>The manager and registered nurses attend external training including conferences, seminars and sessions provided by Bupa and the local DHB.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | FA | <p>The staffing levels meet contractual requirements. The care home manager and clinical manager are available during weekdays. Adequate registered nurse cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers supports registered nurses. 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> | FA | <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. An initial support plan is 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.</p> <p>Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse including designation.</p> |
| <p>Standard 1.3.1: Entry To Services</p> | FA | <p>There are policies and procedures to safely guide service provision and</p> |

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| <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>entry to services, including a comprehensive admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/EPOA at entry. The admission agreement reviewed aligns with the service's contracts. Six admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.</p> |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | <p>FA</p> | <p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was well documented in progress notes.</p> |
| <p>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.</p> | <p>FA</p> | <p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The RN checks all medications on delivery against the medication chart and any pharmacy errors recorded and fed back to the supplying pharmacy.</p> <p>Registered nurses and enrolled nurses are responsible for the administering of medications. They have completed annual medication competencies and annual medication education. The standing orders have been approved by the GPs annually and meet the legislative requirements for standing orders. There was one self-medicating rest home resident on the day of audit. Self-medicating competency, three monthly reviews and monitoring was in place. The medication fridge has temperatures recorded daily and these are within acceptable ranges.</p> <p>Twelve medication charts were reviewed (six rest home and six hospital). Photo identification and allergy status was on all 12 charts. All medication charts had been reviewed by the GP at least three monthly. Resident medication-administration signing sheets corresponded with the medication charts.</p> |

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| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | <p>FA</p> | <p>The kitchen manager and the cook oversee the food services over the week and are supported by a kitchen assistant on duty each day. The menus have been audited and approved by a Bupa dietitian. All baking and meals are cooked on-site in the main kitchen. Meals are served directly to the residents from the kitchen servery. 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 the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated.</p> <p>End cooked food temperatures on each meal are recorded daily. Temperatures are recorded on all chilled and frozen food deliveries. Fridges and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>Food services staff have complete on-site food safety education and chemical safety.</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>The service records the reasons for declining service entry to residents should this occur and communicates this to residents/family/EPOA. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency if entry were declined.</p> |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | <p>FA</p> | <p>The facility has embedded the InterRAI assessment protocols within its current documentation. Bupa assessment booklets and care plan templates were comprehensively completed on admission for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in all files. Files reviewed across the rest home and hospital identified that risk assessments have been completed on admission and reviewed six monthly as part of the evaluation (link 1.3.3.3). Additional assessments for management of behaviour, wound care and restraint were completed according to need. For the resident files reviewed, formal assessments and risk</p> |

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| | | assessments were in place and reflected into care plans. |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | FA | <p>Care plans reviewed were comprehensive and demonstrated service integration and input from allied health. All resident care plans sampled were resident-centred and support needs and interventions were documented in detail. Residents and family members interviewed confirm they are involved in the development and review of care plans. Care plans reviewed were amended to reflect changes in health status. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a range of specialist care.</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> | FA | <p>All care plans reviewed included interventions that reflected the resident's current needs. The RN initiates a GP visit or nursing specialist referral when a resident's condition changes. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.</p> <p>The RNs review all wounds. Wound assessment, wound management and evaluation forms and short-term care plans were in place for all minor wounds in the rest home (one surgical wound) and the hospital (four wounds, including two non-facility acquired pressure injuries, [one stage one and one stage four], one broken area on an ankle and one cracked heel). The stage 4 pressure injury was reported to MOH under section 31 on day of audit.</p> <p>Monitoring charts were well utilised at Elizabeth R and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</p> |

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| <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> | <p>FA</p> | <p>The service employs an activities officer Monday to Friday for 37.5 hours per week. The activities officer has been in the role 20 years and attends six monthly Bupa workshops and on-site in-service.</p> <p>The integrated programme for rest home and hospital level of care residents takes place in the main lounge.</p> <p>Bupa has set activities on the programme calendar with the flexibility to add site-specific activities, entertainers and van outings. Activities meet the abilities of both resident groups. One-on-one time is spent with residents who are unable or choose not to join in the group activities. Volunteers are involved in the activity programme including, visiting churches.</p> <p>Residents are encouraged to maintain links with the community, with visits to clubs and other community groups. There are regular entertainers to the home and residents go on regular outings and drives. The service had a wheelchair hoist van. The activities officers have current first aid certificates.</p> <p>The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the 'My Day, My Way' care plan, and is reviewed at the same time as the care plan. Activity participation is recorded for each resident.</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> | <p>FA</p> | <p>Care plans are reviewed and evaluated by registered nurses or when changes to care occurred (link 1.3.3.3). A process is now in place to ensure that care plan reviews take place at the appropriate date. Two residents (one rest home and one hospital) had not been at the service six months. Written evaluations describe the resident's progress against the residents identified goals. InterRAI assessments have been utilised in conjunction with the six monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The multidisciplinary review involves the RN, GP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend.</p> |

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| | | There is at least a three monthly review by the GP. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits. |
| <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 | 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. There was evidence of where a resident's condition had changed and the resident reassessed for a higher or different level of care. Discussion with the clinical manager and RNs identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services. |
| <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 | 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. All chemicals were labelled correctly. 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. A chemical spills kit is available. Staff have attended chemical safety training with the approved provider for chemicals. |
| <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 service displays a current building warrant of fitness that expires on 9 July 2016. Reactive maintenance (maintenance requests logbooks) and a 52-week planned maintenance schedule are in place and maintained. A maintenance person is employed 15 hours a week and has completed health and safety and chemical safety training. Medical equipment including hoists and weighing scales have been calibrated. Electrical testing and tagging has been completed annually. The hot water temperatures are monitored weekly and are maintained between 43-45 degrees Celsius. The maintenance person is on call and there are contractors for essential services available 24/7. A private contractor maintains emergency fire equipment, including fire exits.</p> <p>The wide corridors and rails promote safe mobility when using mobility</p> |

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| | | <p>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 seating and shaded areas. There is safe wheelchair access to all communal areas. There is an outdoor designated smoking area.</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>There are adequate numbers of communal toilets and shower rooms within easy access to residents' rooms. There is a visitor toilet located close to communal areas in the rest home and hospital areas. Toilets have privacy locks. There is appropriate signage, easy clean flooring and fixtures, and handrails appropriately placed. Residents interviewed report their privacy is maintained at all times.</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 deliver the assessed level of care. Residents are encouraged to personalise their bedrooms as desired.</p> |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | FA | <p>The facility has a lounge and dining room and a smaller seated area for quiet activities such as reading or for visitors.</p> <p>Residents (as able) were observed to be moving freely while using mobility aids. Furniture was well arranged to facilitate this. The dining room and lounge 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 and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | FA | <p>All laundry and personal clothing is laundered on-site. There are defined clean/dirty areas. Cleaner's trolleys are stored in locked areas when not in use. There were adequate linen supplies sighted in the facility linen-store cupboards. Internal monitoring measures the effectiveness of laundry and cleaning processes. Providers of chemical cleaning products provided chemical safety training. 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</p> | FA | <p>There are emergency/disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are</p> |

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| emergency and security situations. | | included in the mandatory in-service programme. There is a first aid trained staff member on every shift. The facility has an approved fire evacuation plan and fire drills occur six monthly. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative gas facilities for cooking and BBQ in the event of a power failure, with a backup system for emergency lighting and battery backup. There are civil defence kits in the facility and stored water. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. The facility is secure at night. |
| 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 | The facility has heating throughout the personal and communal areas. All communal areas and bedrooms are well ventilated and light. Residents and family interviewed stated the temperature of the facility is 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 | Bupa has an established infection control (IC) programme implemented at Elizabeth R Rest Home and Hospital. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. A registered nurse is the designated infection control nurse with support from the clinical manager and other Bupa infection control coordinators. The IC team meets to review infection control matters. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually. |
| 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 Elizabeth R Rest Home and Hospital. The infection control (IC) nurse is new into the role and has recently completed the on-line MOH infection control training. The clinical manager, who has a postgraduate qualification in IC, supports the IC nurse. The infection control team is representative of the facility. External resources and support are available 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 | FA | The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of |

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| <p>control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p> | | <p>staff. The policies are reviewed and updated at least annually.</p> |
| <p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p> | <p>FA</p> | <p>The facility is committed to the ongoing education of staff and residents. The infection control coordinator, with support from the clinical manager, facilitates education. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved (there have been no recent outbreaks). Information is provided to residents and visitors appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided in the past 12 months.</p> |
| <p>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.</p> | <p>FA</p> | <p>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. Infection control data is collated monthly and is reported at the facility meetings. The infection control programme is linked with the quality management programme. 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. Systems in place are appropriate to the size and complexity of the facility.</p> |
| <p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p> | <p>FA</p> | <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. There are clear guidelines in the policy to determine what a restraint and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, and regional restraint meetings and at an organisational level. Interviews with staff confirm their understanding of restraints and enablers.</p> |

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| | | Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, the service had two residents using restraint in the form of a bedrail and a lap-belt and six residents with bedrails as an enabler. All enabler use is voluntary. Two files were reviewed for residents using restraint and two files for residents using enablers. The enabler and restraint assessment forms were completed and signed by the resident. These had been evaluated at least three monthly. |
| <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 | Only staff that have completed a competency assessment are permitted to apply restraints. Competency assessments expire annually and are renewed by the restraint coordinator. There is a responsibilities and accountabilities table in the restraint policy that includes responsibilities for key staff at an organisation level and a service level. The restraint coordinator is a registered nurse and has a signed job description, and understands the role and accountabilities. |
| <p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p> | FA | <p>Suitably qualified and skilled staff, in partnership with the resident and their family/EPOA, undertake assessments. A registered nurse is the restraint coordinator.</p> <p>Restraint assessments are based on information in the care plan, resident discussions and on observations by staff. There were restraint assessment tools completed for both hospital residents requiring restraint (one resident using bed rails and one resident using a T belt whilst in a wheelchair). The care plan was up-to-date and provides the basis of factual information in assessing the risks of safety and the need for restraint. Ongoing consultation with the resident and family/EPOA is also identified. Falls risk assessments are completed six monthly and InterRAI assessment identifies risk and need for restraint.</p> |
| <p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p> | FA | <p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. There are approved restraints documented in the policy. The approval process includes ensuring the environment is appropriate and safe. Assessments and care plans identify specific interventions or strategies to try (as appropriate) before restraint is used.</p> <p>The resident's file reviewed refers to specific interventions or strategies</p> |

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| | | to try (as appropriate) before use of restraint. The care plans reviewed of two hospital residents with restraint, identified observations and monitoring. Restraint use is reviewed through the three monthly assessment evaluation, monthly restraint meetings and six monthly multidisciplinary meeting and includes family/EPOA input. A restraint register is in place, which has been completed for the one resident requiring restraint. |
| Standard 2.2.4: Evaluation Services evaluate all episodes of restraint. | FA | Evaluation has occurred three monthly as part of the ongoing reassessment for the resident on the restraint register, and as part of their care plan review. The family is included as part of the MDT review. Evaluation timeframes are determined by risk levels. |
| Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint. | FA | Individual approved restraint is reviewed at least monthly through the restraint meeting and as part of the internal audit programme. Restraint usage throughout the organisation is monitored regularly and benchmarked. Review of this use across the group is discussed at the Regional Restraint Approval group and information is disseminated throughout the organisation. The organisation and facility are very proactive in minimising restraint usage. |

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) |
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| <p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p> | PA Low | <p>Quality data is being collected and analysed according to the organisational policies. Corrective action plans are developed where areas for improvements are identified. Quality data and corrective action plans are not being communicated to staff via staff notice boards or at quality/staff meetings.</p> | <p>There is no documented evidence of quality data and corrective action plans being discussed at staff meetings or communicated to staff. Implemented corrective action plans did not all evidence sign-off.</p> | <p>Ensure that quality data and corrective action plans are communicated to staff. Ensure that corrective actions are signed out as implemented.</p> <p>90 days</p> |
| <p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p> | PA Low | <p>There are clear Bupa policies and procedures around expectations of when initial assessments and care plans, InterRAI and long-term care plans are completed and reviewed. Four of six care plans sampled (three rest home and one hospital), had evidence of the long-term care plan being reviewed six monthly. The new clinical manager has now put processes in place, to</p> | <p>Two hospital resident’s long-term care plans were not reviewed and evaluated six monthly.</p> | <p>Ensure that all long-term care plans are evaluated and reviewed six monthly.</p> <p>90 days</p> |

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| | | ensure that RNs know exactly when their allocated residents need to have their InterRAI assessments and long-term care plans evaluated and reviewed. The clinical manager monitors progress to ensure that InterRAI and care plans are completed within the accepted timeframes. | | |
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.