

# Bupa Care Services NZ Limited - Hayman Rest Home & Hospital

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## 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Hayman Rest Home & Hospital
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 25 August 2016 End date: 26 August 2016
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	109



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Hayman Rest Home and Hospital provides rest home, hospital, dementia, residential disability services – intellectual and physical, and psychogeriatric levels of care for up to 110 residents. During the audit, there were 109 residents.

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

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 Hayman. 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 service has made a number of environmental improvements and refurbishments since previous audit.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse).

This certification audit identified that improvements are required in relation to activating enduring power of attorney for residents; aspects of care plan documentation; and activities for younger residents.

The service is commended for achieving three continuous improvement ratings awarded around analysing quality data, restraint-free environment and infection control.

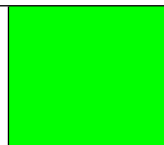
## Consumer rights

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.		Some standards applicable to this service partially attained and of low risk.
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Bupa Hayman Rest Home and Hospital 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 demonstrated 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 residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. 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.



Standards applicable to this service fully attained.

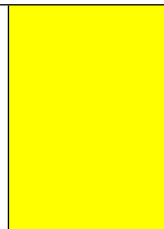
Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, 7 days a week. The integrated residents' files are appropriate to the service type.

## Continuum of service delivery

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



Some standards applicable to this service partially attained and of low risk.

There is a comprehensive admission package available prior to or on entry to the service, including individual information for the dementia and psychogeriatric units. Residents' 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. Residents' files include three monthly reviews by the nurse practitioner or 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 complete education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner (GP)/nurse practitioner (NP).

An integrated activities programme is implemented that meets the needs of aged care residents. The programme includes community visitors and outings, entertainment and activities.

All food and baking is done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. On-going maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services.

All bedrooms are single occupancy with adequate numbers of toilets and showers. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible and secure for the units that require this.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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Enablers are voluntary and the least restrictive option. There were no residents who required enablers or restraints during the audit. The service has remained restraint-free since 2010.

## 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.
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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 on-going 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	2	41	0	3	0	0	0
Criteria	3	88	0	3	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. The policy relating to the Code is implemented and staff could 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 (two unit coordinators (one dementia and one hospital), two staff registered nurses (RNs) (one psychogeriatric and one hospital); one enrolled nurse (EN) (rest home); 15 caregivers (five dementia, five psychogeriatric and five hospital, one activity coordinator, one cook, two laundry, two cleaners, one maintenance, the clinical manager and 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</p>	PA Low	<p>There are established informed consent policies/procedures and advanced directives. General consents obtained on admission were sighted in the twelve residents' files reviewed (three dementia, two psychogeriatric, five hospital - including two residents under the residential disability services contract, and one long term chronic and two rest home - including one resident under the residential disability services contract). Advance directives if known were on the residents' files. Resuscitation plans for competent residents were appropriately signed. Copies of</p>

<p>consent.</p>		<p>enduring power of attorney (EPOA) were in resident files for residents deemed incompetent to make decisions. A shortfall was identified around the activation of EPOA for incompetent residents.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Residents and relatives interviewed confirmed they have been made aware of and fully understand informed consent processes and confirmed that appropriate information had been provided.</p> <p>Long-term resident's files reviewed had a signed admission agreement or were in the process of being signed.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information about the national Health and Disability Advocacy service 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 in three languages. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups (link 1.3.7.1) 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. Resident and relative meetings are held bi-monthly and there are bi-monthly support group meetings for families with residents in the dementia and psychogeriatric units. Monthly newsletters are provided to residents and relatives.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager using a complaints' register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at</p>

		<p>reception.</p> <p>Three complaints were reviewed in their entirety and reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken. All three complaints were signed off by the care home manager as resolved.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, the clinical manager and registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the resident/family meetings. All ten residents (five rest home - including one person under residential disability services – physical/intellectual, and five hospital level - including two people under residential disability services – physical/intellectual), and ten relatives (two hospital - with relatives admitted under residential disability services, five psychogeriatric and three dementia) interviewed reported that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care and residential disability care.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents are treated with dignity and respect. Privacy is ensured and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. 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.</p> <p>Two psychogeriatric residents' files reviewed (and all others) identified that cultural and/or spiritual values and individual preferences are identified.</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</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. Twenty residents who identify as Māori are living at the facility. Two Māori residents interviewed (rest home) confirmed that Māori cultural values and beliefs are being met. There is a</p>

<p>acknowledges their individual and cultural, values and beliefs.</p>		<p>partnership with the Manurewa Marae. The residents at Hayman are able to attend the Manurewa Marae every Wednesday to attend the line dancing and Tai Chai.</p> <p>Māori consultation is available through the documented iwi links and Māori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p> <p>All care plans reviewed included the resident's spiritual and cultural needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p> <p>Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with three caregivers from the psychogeriatric unit could describe how they build a supportive relationship with each resident. Interviews with five families from the psychogeriatric unit confirmed the staff assist to relieve resident's anxiety.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. A house GP visits the facility two days a week and provides an afterhours service. 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 GP interviewed is satisfied with the level of care that is being provided.</p> <p>The service receives support from the district health board, which includes visits from the mental</p>

		<p>health team and nurse specialist's visits. Physiotherapy services are provided on site fifteen hours per week with the support of a physiotherapy assistant ten hours per week. A dietitian visits the site bi-monthly and is also available for urgent consultations. There is a regular in-service education and training programme for staff. A podiatrist is onsite every six-weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa has established benchmarking groups for rest home, hospital, dementia and psychogeriatric/mental health services. Bupa Hayman is benchmarked against the rest home and hospital, dementia and psychogeriatric services data. If the results are above the benchmark, a corrective action plan is developed by the service.</p> <p>The service demonstrated a number of examples of good practice including not using any restraint.</p> <p>Dementia support groups have commenced for family. The first support group meeting for families was in June 2016 and another is planned for August 2016. Six families attended. Families spoke highly of the service efforts to provide support. The service advertised the groups with posters and the service monthly newsletter.</p> <p>The service continues to support staff to provide best practice and a high level of care examples include:</p> <p>The Bupa Personal Best initiative is very well supported. There are two caregivers trained as personal best facilitators, 25 caregivers have attained their bronze certificate and 20 caregivers have attained silver level.</p> <p>Careerforce; seven caregivers have finished their Careerforce Level 4 papers and are waiting for them to be marked. Twenty-three caregivers and registered nurses have completed their Careerforce dementia modules.</p> <p>Leadership; two registered nurses have attended the Bupa leadership course, an initiative by Bupa to enhance leadership skills for staff identified with potential and the clinical manager has commenced the master class.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>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. Twenty accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept</p>

		<p>informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health 'Long-term Residential Care in a Rest Home or Hospital – what you need to know' is provided to residents on entry. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>An introduction to the dementia and psychogeriatric unit booklet provides information for family, friends and visitors visiting the facility. This booklet is included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Hayman Care Home provides hospital, rest home, dementia, psychogeriatric and residential disability - intellectual/physical for up to 110 residents. There were 12 rest home level residents and 44 hospital level residents in the hospital/rest home units. There were 38 residents in the two dementia units (20 in the men's unit and 18 in the women's unit and 15 residents in the psychogeriatric unit. This includes five residents under the residential disability contract (four hospital and one rest home) – all with physical disabilities, and six residents were under the long-term chronic condition contract (one psychogeriatric, two hospital, two rest home and one dementia).</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined and are regularly reviewed by the care home manager.</p> <p>The service is managed by a care home manager who trained as a registered nurse, but has not kept her practising certificate current. She holds a master's degree in Individual and Organisational Development and has 20 years of management experience in residential/intellectual disability and mental health services in the UK and in New Zealand. She is supported by an experienced clinical manager/registered nurse (RN) who has been employed at the facility for seven years and has been the clinical manager (CM) since 2013. The care home manager and CM are supported by a Bupa Regional Manager and two unit coordinators/RNs.</p> <p>The care home manager and CM have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During the temporary absence of the care home manager, the clinical manager or Bupa relieving facility manager covers the care home manager's role.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are established, implemented and are signed off when completed.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the health and safety committee. Nine health and safety representatives were interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. An employee health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety Plan.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms. Toileting plans and intentional rounding are examples of strategies being implemented.</p>



<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Twenty accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications with examples provided.</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>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Ten staff files reviewed (two RNs, seven caregivers, one activities coordinator) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction.</p> <p>There is an annual education schedule that is being implemented. In addition, opportunistic education is provided by way of toolbox talks. Toolbox talks are held on a regular basis and staff are encouraged to participate. 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 – competency register sighted.</p> <p>Thirty-one caregivers are employed to work in the dementia and psychogeriatric units. Twenty-three caregivers and registered nurses have completed their career force dementia modules. All staff working in the PG and Dementia Units either have their Level 4 Dementia Career Force papers or are working towards them. The Bupa dementia specialist has completed some education with the staff teams working in PG and Dementia this year.</p> <p>Registered nurses are supported to maintain their professional competency. Sixteen registered nurses are employed and eight have completed their InterRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies.</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>	<p>FA</p>	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager Monday - Friday and a clinical manager (RN) Monday - Friday. RN cover is provided 24 hours a day, seven days a week with a minimum of two RNs scheduled at any one time. Seven RNs are scheduled on the AM shift, four are scheduled on the PM shift and two are on the night shift (one for psychogeriatric and the other for the rest of the facility). RNs are supported by sufficient numbers of caregivers. Separate laundry and cleaning staff are employed seven days a week.</p> <p>The service advised they have reviewed the staffing allocation in the Rest Home several times and increased the hours on the roster as the bed numbers have increased and at the request of staff working there</p> <p>Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrate service integration with only medication charts held in a separate folder.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>There are overarching Bupa policies and procedures to safely guide service provision and 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/whānau at entry including specific information regarding the dementia and psychogeriatric unit. The admission agreement reviewed aligns with the service's contracts. Twelve admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.</p> <p>All dementia and psychogeriatric residents had a NASC agreement for this level of care.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>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 documented in progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>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 and any pharmacy errors recorded and fed back to the supplying pharmacy. The medication rooms in three areas are clean and well organised. The medication fridges have temperatures recorded daily and these are within acceptable ranges.</p> <p>Registered nurses and enrolled nurse responsible for the administering of medications have completed annual medication competencies and annual medication education. Caregivers who act as second checker have also completed medication competencies. The standing orders have been approved by the GPs annually and meet the legislative requirements for standing orders. The service is phasing out the use of standing orders as they have introduced an electronic medication system.</p> <p>Twenty-four medication charts were reviewed (six dementia, four psychogeriatric, four rest home, ten hospital). Photo identification and allergy status were on all 24 charts. All medication charts had been reviewed by the GP/NP at least three monthly. All resident medication administration signing-sheets corresponded with the medication chart. Link to 1.3.7.2 for resident goals including self-medicating for younger residents.</p> <p>Anti-psychotic management plans are used for residents using anti-psychotic medications when medications are commenced, discontinued or changed. The general practitioner reviews the anti-psychotic management plans for residents with stable behaviours and the psychogeriatrician reviews the management plans for residents with acute changes in behaviour.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service</p>	<p>FA</p>	<p>The kitchen manager oversees the food services and is supported by kitchen staff on duty each day. The national menus have been audited and approved by an external dietitian. The main meal is at lunchtime. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in bain-marie to each kitchenette where they are served. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other</p>

<p>delivery.</p>		<p>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. There is evidence that additional nutritious snacks are available over 24 hours in all units.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from bain-marie are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods 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 potential residents should this occur and communicates this to potential residents/family/whānau. 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 on admission and care plan templates were completed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in all files. Files reviewed across the service identified that risk assessments have been completed on admission and reviewed six monthly as part of the evaluation. Additional assessments for management of behaviour, wound care and restraint were completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans (link 1.3.5.2).</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>Care plans reviewed demonstrated service integration and input from allied health. All resident care plans sampled were resident centred and support needs and interventions, however not all care plans in the rest home and hospital were updated as resident status changed. Residents and family members interviewed confirm they are involved in the development and review of care plans. Two of two psychogeriatric resident files reviewed identified current abilities, level of independence, identified needs and specific behavioural management strategies. Behaviour</p>

		<p>monitoring charts were in use, as appropriate for escalation in behaviours.</p> <p>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>There is specialist input into resident's well-being in the psychogeriatric unit. Strategies for the provisions of a low stimulus environment could be described by the care team.</p> <p>Residents and families interviewed reported their needs were being met. Family members interviewed praised the service, the care staff and the management team. 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>Very comprehensive wound assessment, wound management and evaluation forms and short-term care plans were in place for wounds. All wound care plans included a short term care plans and written progress notes to assist review and evaluation of the wound.</p> <p>On the day of audit there were 23 wounds documented for the rest home and hospital. The wounds included skin tears, chronic ulcers and excoriated skin. The wound care specialist had reviewed the more serious wounds and wound care plans reflected the specialist input. There were two grade-one pressure injuries.</p> <p>The dementia unit documented five wounds (four skin tears and one re-opened scratch). The psychogeriatric unit documented six wounds (four skin tears, one ulcer, one laceration) and two pressure injuries (one grade 2 and one grade 4). Wound care specialist input was documented as needed.</p> <p>Monitoring charts were in use; 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>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service</p>	PA Low	<p>The activities team is led by an experienced activities coordinator, with nine years' experience including four years at another Bupa facility. The team comprises of a divisional therapist and other activities person. Both the activities assistants have started their Careerforce Level 4</p>

<p>delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>papers and the lead activities coordinator has Level 4 dementia papers.</p> <p>The integrated programme for rest home and hospital level of care residents takes place in both areas. Care staff were observed at various times through the day diverting residents from behaviours in the dementia, and psychogeriatric units. There are 24-hour activity plans documented in the files reviewed for residents in the dementia, and psychogeriatric units. Residents attend activities in other units as appropriate. There are resources available for care staff to use for one-on-one time with the resident. Staff could describe a low stimulus environment. The needs of younger residents are not always met.</p> <p>On or soon after admission, a social history is taken and information from this is fed into the care plan and this is reviewed six monthly as part of the care plan review/evaluation a record is kept individual residents activities. There are recreational progress notes in the resident's file that the activity officers complete for each resident every month. 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 in all resident files reviewed.</p> <p>Families and resident praised that activities provided, resident from all levels of care were observed to be provided with and enjoying a wide range of activities.</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 reviewed had been evaluated by registered nurses' six monthly. There is a comprehensive multi-disciplinary review documented. The multi-disciplinary review involves the RN, GP or NP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. There is at least a three monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p> <p>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 on-going problem.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed and the resident was reassessed for a higher or different level of care. Discussion with the clinical</p>

<p>to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>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>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness certificate is posted at the entrance to the facility (expiry 16 March 2017).</p> <p>Reactive maintenance and a 52-week planned maintenance schedule is in place that has been maintained. There is a full-time maintenance person employed who has completed health and safety training. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius. There are contractors for essential service available 24/7.</p> <p>The corridors are wide with handrails and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The external areas are well maintained. There is outdoor furniture and shaded areas. The psychogeriatric unit and each dementia unit (men's and women's) have a separate secure garden area. There is wheelchair access to all areas.</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>Since previous audit, the service has made a number of improvements to the environment including (but not limited to); purchased new curtains in all the bedrooms in the PG unit and in the quiet lounge. They purchased new furniture in the new hospital wing, the PG and the men's dementia units. They have decorated the bedrooms in the Ladies and PG units. They have refurbished the old hospital wing, the men's dementia unit and the PG unit. They now have quiet rooms in the Mens, Ladies and PG units. They landscaped the ladies garden and refurbished one of the bathrooms in the men's unit.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All bedrooms have access to ensuites. There are adequate numbers of communal toilets located near the communal areas. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Residents interviewed reported their privacy is maintained at all times.</p> <p>Residents in the psychogeriatric and dementia units share ensuites with automatic locks to protect the resident's privacy. There is an emergency release button for staff to use if required.</p> <p>Privacy locks are installed on all toilet and shower doors.</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. They are spacious enough to manoeuvre transferring and mobility equipment to safely deliver 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>There are lounges in each of the units. Each unit also has a kitchenette and open plan dining area. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents are able to move freely and furniture is well arranged to facilitate this. Seating and space is arranged to allow both individual and group activities to occur.</p> <p>There is adequate space in the dementia and psychogeriatric units to allow maximum freedom of movement while promoting safety for those that wander. There is an open plan dining/lounge area and smaller, quiet lounges available and seating alcoves.</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 is done off-site at another Bupa facility. Dirty laundry is collected daily and clean laundry is returned daily for folding and dispersing. Laundry and cleaning audits are completed as part of the internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals are stored in locked rooms. All chemicals are labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended.</p> <p>There are dedicated cleaning and laundry staff. Cleaning trolleys are well equipped and stored safely when not in use. Residents and relatives interviewed reported that they were satisfied with</p>



		the laundry and cleaning services provided.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>An approved fire evacuation plan is in place. There are emergency management plans to ensure health, civil defence and other emergencies are included. Fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility has ceiling heating throughout the personal and communal areas. All communal rooms and bedrooms are well ventilated and light. Residents and family interviewed stated the temperature of the facility is comfortable. There is plenty of natural light in residents' rooms.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Bupa has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. The clinical manager is the designated infection control officer with support from the registered nurses and other Bupa infection control coordinators. The IC team meets as part of the quality team meeting 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.</p>
<p>Standard 3.2: Implementing the infection control programme</p>	FA	<p>There are adequate resources to implement the infection control programme at Bupa Hayman. The infection control (IC) officer has maintained their practice by attending infection control</p>

<p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>updates. The infection control team (the quality 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.</p>
<p>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.</p>	<p>FA</p>	<p>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.</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 on-going education of staff and residents. Education is facilitated by the infection control officer who has completed training to ensure knowledge of current practice. 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. Information is provided to residents and visitors that are appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided.</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>CI</p>	<p>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. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality and staff meetings. Benchmarking occurs against other Bupa facilities.</p> <p>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 coordinators. Infection</p>

		<p>control data is collated monthly and reported at the quality meetings. The infection control programme is linked with the quality management programme.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Recent outbreaks in September 2015, and March 2016 were well managed and the required notifications made. This has exceeded the required standard.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, the service had no residents using enablers or restraints.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	CI	<p>Restraint usage throughout the organisation is also monitored regularly and is benchmarked. Review of this use across the group is discussed at regional restraint approval groups. The service has remained restraint-free since 2010. Even with the increase in hospital residents and adding the psychogeriatric unit the service has maintained a restraint-free environment.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.1.10.7 Advance directives that are made available to service providers are acted on where valid.	PA Low	Copies of EPOA are available in the residents' files sampled. Five of twelve residents were deemed to be incompetent. Five of five EPOAs had not been activated by a medical officer letter of mental incapacity for these residents.	The five residents deemed incompetent to make decisions relating to health and welfare did not have documented evidence that the EPOA had been activated.	Ensure EPOAs are activated as required.  90 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes	PA Low	Seven care plans from the rest home and hospital and five from the dementia and psychogeriatric unit were reviewed for this audit. The dementia unit and psychogeriatric unit files had comprehensively documented care plans that evidenced updates as needed. All seven from the rest home and	One rest home level resident with oxygen, had the oxygen use documented on the care plan but the resident preference to have to oxygen only at night and as needed during the day was not documented. The location of the oxygen when stored was also not documented.  One hospital level resident with documented verbal	Ensure care plans are updated as resident need changes.

<p>identified by the ongoing assessment process.</p>		<p>hospital had in-depth care plans that included most of the assessed needs; however, three of the seven care plans reviewed had not been updated to include changed resident needs. Interviews with caregivers evidenced that they had in-depth knowledge of resident care needs and therefore this documentation issue is assessed as low risk.</p>	<p>aggression did not have interventions to manage this in the care plan.</p> <p>One hospital level (residential disability) had not had his care plan updated to reflect deteriorating mobility and a pressure injury that had healed.</p>	<p>60 days</p>
<p>Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>PA Low</p>	<p>Bupa has set activities on the programme calendar with the flexibility to add site-specific activities, entertainers and outings. One-on-one time is spent with residents who are unable to, or choose not to join in the group activities. There is a wide range of activities offered that reflect the resident needs in the rest home, hospital, psychogeriatric and dementia units, participation is voluntary. The programmes are comprehensive and designed for high end and low end cognitive functions and caters for the individual needs of the older residents. Activities and supporting personal goals are an area for improvement for the younger resident age group.</p>	<p>The activity staff are in the process of developing community links and formalising a programme of activities for the under 65 year's residents but this is yet to be implemented. Two younger residents reported that although the activities are very good, they felt they were aimed at the older residents. There were no formal regular community links and activities in place for the younger residents. The stated goals of residents around self-determination were not always documented and plans were not in place to achieve the goals. An example included one younger resident had a goal of self-medicating. This goal was not documented and although the registered nurse was aware of the goal, there was no process in place to assist the resident to reach the goal.</p>	<p>Ensure that there are activities in place that are aimed at the younger resident and these include community links. Ensure that residents' goals are documented and plans are in place to assist the resident to reach the goals.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>There is a comprehensive quality and risk management process in place. Monitoring in each area is completed monthly, quarterly, six monthly or annually as designated by the internal auditing programme schedule.</p> <p>Audit summaries and action plans are completed as required depending on the result of the audit. Key issues are reported to the appropriate committee (e.g., quality, staff, and an action plan) is identified. These were comprehensively addressed in</p>	<p>Hayman is active in analysing data collected monthly, around accidents and incidents, infection control, restraint etc.</p> <p>Example: Falls were noted to be high in the hospital in April and May. The service has a Falls Focus group in light of their high falls. The clinical manager implemented the falls analysis tool and the falls fracture analysis tool where needed. Falls prevention strategies were implemented. Toolbox talks were provided around falls prevention with staff. Analysis of individual residents was completed and interventions implemented.</p> <p>On evaluation of the effectiveness of these measures, they noted a drop in</p>

		<p>meeting minutes sited.</p> <p>Benchmarking reports are generated throughout the year to review performance over a 12-month period. Quality action forms are utilised at Hayman and document actions that have improved outcomes or efficiencies in the facility. The service continues to collect data to support the implementation of corrective action plans. Responsibilities for corrective actions are identified.</p> <p>There is also a number of on-going quality improvements identified through meeting minutes and as a result of analysis of quality data collected. Hayman is proactive in developing and implementing quality initiatives. All meetings include excellent feedback on quality data where opportunities for improvement are identified</p>	<p>falls incidents in the hospital July and August. Other corrective actions and strategies have been implemented where clinical indicators were above the benchmark. Meeting minutes are comprehensive and include analysis of trends. Focus is on minimising behaviours that challenge in the men's dementia unit. Actions identified and followed through. This is monitored and evaluated monthly to evidence improvement.</p>
<p>Criterion 3.5.1</p> <p>The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.</p>	CI	<p>The service has an infection control committee that meets monthly, as a subset of the quality management meeting. Surveillance data is reviewed at this meeting and where required corrective action</p>	<p>The service had an infectious outbreak (Norovirus) in September 2015, which spread through the ladies and men's dementia units and affected 19 residents. No staff were affected. The appropriate notifications were made and the infectious outbreak protocol</p>

		<p>plans are developed. The infection control committee undertook a post-incident review following an outbreak in the dementia units, and recommended and implemented a number of improvements to the way an outbreak is managed.</p>	<p>implemented. The outbreak lasted 10 days. A post outbreak review was completed with staff and containment and isolation strategies were developed to manage any further outbreaks in these areas. Staff were provided with additional training on hand-washing, infectious outbreak management and standard precautions.</p> <p>The service had another norovirus outbreak in June 2016 in the ladies dementia unit. The improvements made as part of the review of the previous outbreak were implemented. The outbreak was contained in the ladies dementia unit and affected six residents. The outbreak lasted three days.</p>
<p>Criterion 2.2.5.1</p> <p>Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:</p> <p>(a) The extent of restraint use and any trends;</p> <p>(b) The organisation's progress in reducing restraint;</p> <p>(c) Adverse outcomes;</p> <p>(d) Service provider compliance with policies and procedures;</p> <p>(e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice;</p> <p>(f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation;</p> <p>(g) Whether changes to policy, procedures, or guidelines are required; and</p> <p>(h) Whether there are additional education or training needs or changes required to existing education.</p>	<p>CI</p>	<p>The service has remained restraint-free since 2010. Even with the increase in hospital residents and adding the psychogeriatric unit the service has maintained a restraint-free environment. All staff have up to date competencies around maintaining a restraint-free environment.</p> <p>Restraint usage throughout the organisation is also monitored regularly and is benchmarked. Review of this use across the group is discussed at regional restraint approval groups. Potential for</p>	<p>The service has remained restraint-free since 2010. Even with the increase in hospital residents and adding the psychogeriatric unit, the service has maintained a restraint-free environment. All staff have up to date competencies around maintaining a restraint-free environment.</p> <p>The organisation and facility are proactive in minimising restraint. Bupa analysis for 2016 (quarter one) has been shared with the restraint coordinators across the organisation. In 2015, the organisation overall restraint usage rate was 2.3; currently in 2016 the organisation is sitting at 2.0. The 2016 report (YTD) identifies eight of 11 Bupa PG units utilise restraint; however there</p>



		<p>restraint/behaviours/falls are also reviewed through the Hayman quality committee. A monthly quality report to the quality committee includes discussions on falls and challenging behaviours. Strategies are implemented to minimise further incidents.</p>	<p>has been no restraint-use in the PG unit at Hayman. The service remains in the top percentile of Bupa facilities that provides multi -services that remains restraint-free.</p>
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End of the report.