

Bupa Care Services NZ Limited - Redwood Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Redwood Home & Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 30 August 2016 End date: 31 August 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:	80

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Redwood Home & Hospital is a Bupa facility. The service provides hospital, rest home, dementia and psychogeriatric level care for up to 82 residents. Occupancy on the day of audit was 80 residents.

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

The care home manager at Redwood is an experienced aged care registered nurse. She has previous experience as a clinical manager and has previously been a relieving care home manager for Bupa. The care home manager is supported by a clinical manager (registered nurse) who oversees clinical care.

There are systems being implemented that are structured to provide appropriate quality care for residents. An orientation and in-service training programme continues to be implemented that provides staff with appropriate knowledge and skills to deliver care. Residents and family advised that the staff provide a caring and homely environment.

This audit identified improvements required around reporting quality outcomes to staff and documenting action plans where issues are identified.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Redwood endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that 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. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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An organisational quality and risk management system supports the provision of clinical care. Key components of the quality management system link to quality meetings. An annual resident/relative satisfaction survey is completed and there are resident/relative newsletters. There are four benchmarking groups across the organisation focusing on rest home, hospital, dementia, and psychogeriatric/mental health services. Redwood is benchmarked in all of these. There are human resources

policies to guide practice and an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care. External training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

Continuum of service delivery

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

The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings, and celebrations.

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.

Residents' food preferences and dietary requirements are identified at admission. Choices are available and are provided. All food and baking is done on site and snacks are readily available. 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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There is a current warrant of fitness. There are an adequate number of shower and toilet facilities for the number of residents. The dementia and psychogeriatric units are secure and provide a safe homelike environment for residents. There is wheelchair access to all areas. External areas are safe and well maintained with shade available. 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 are provided. 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.		Standards applicable to this service fully attained.
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A restraint policy includes comprehensive restraint procedures. A documented definition of restraint and enablers is congruent with the definition in the standards. The process of assessment and evaluation of enabler use is the same as restraint and included in the policy. The service has no residents utilising restraint and three residents with enablers. Enablers in use include bedrails. Review of restraint use across the group is discussed at regional restraint approval groups and at the facility in monthly restraint meetings. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer (clinical manager) is responsible for coordinating/providing education and training for staff. The infection control officer is supported by the Bupa quality and risk team. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<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 service is implementing Bupa policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents interviewed said they had been provided with information on admission, which includes the Code. Staff have received training about the Code and competency questionnaires are also completed. Interviews with staff from across three shifts and all units, (five caregivers, three registered nurses, and three activities staff) demonstrated an understanding of the Code. Four rest home and five hospital residents and eight relatives (three hospital, two rest home, two dementia and one psychogeriatric) interviewed confirm staff respect privacy, and support residents in making choices were able.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There are signed general consents including outings on nine of nine resident files sampled (two rest home, two psychogeriatric, two dementia and three hospital level of care residents including one resident under ACC and one respite).</p>

		<p>Resuscitation treatment plans and advance directives were appropriately signed in the files reviewed.</p> <p>Discussions with caregivers and registered nurses (RN) confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p> <p>Informed consent processes are also reviewed through the six monthly MDT meeting with residents and relatives and links to the quality system through annual satisfaction surveys.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents are provided with a copy of the Code and information about advocacy services on entry. Interview with the care home manager and the clinical manager confirmed this occurs. Interview with residents confirmed that they are aware of their right to access advocacy. Interview with family members confirmed that the service provides opportunities for the family/EPOA to be involved in decisions. In the files reviewed, there was information on residents' family/whānau and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The activities policy encourages links with the community. This was seen to be implemented with the activities programmes including opportunities to attend events outside of the facility. Residents and relatives interviewed informed visiting can occur at any time, and that the service encouraged involvement with community activities. Visitors were observed coming and going at all times of the day during the audit.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is a complaints procedure to guide practice. The care home manager has overall responsibility for managing the complaints process. A complaint log has been completed for all complaints received. The register included relevant information regarding the complaint including date of resolution. Verbal complaints are included and actions and response are documented. Complaints are reported to head office monthly.</p> <p>Six complaints reviewed for the period January to July 2016 all documented a thorough investigation, including one received though the</p>

		<p>Health and Disability Commission and the Privacy Commissioner (both aspects of the same complaint and both resulting in no further action from the official bodies).</p> <p>The complaints form, which includes the complaints process is freely available to residents and families in the service foyer. Discussion with residents and relatives confirmed they were provided with information on the complaint process.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The information pack provided to residents on entry includes information on how to make a complaint, and information on advocacy services and the Code. There is the opportunity to discuss these services prior to, and during the admission process with the resident and family. Large print posters of the Code and advocacy information are displayed in the facility. The families and residents have been informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement. Additional information is also provided to relatives of residents in the dementia and psychogeriatric unit. Residents and relatives interviewed confirm information has been provided around the Code and the complaints process.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Nine resident files reviewed identified that cultural and/or spiritual values and individual preferences are identified on admission and then integrated with the residents' care plan. There was evidence of family involvement. A tour of the facility confirmed there is the ability to support personal privacy for residents. There is an abuse and neglect policy, which is being implemented and is included in staff in-service education.</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>Bupa has a Māori health plan that aligns with contractual requirements. There are supporting policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. The Bupa Māori health policy was first developed in consultation with Kaumātua and is utilised throughout Bupa's facilities. Redwoods has established links with Wairiki Institute faculty who also assist with education sessions, a Kaumātua who lives</p>

		in the village also assists with Maori care and support. Family/whanau involvement is encouraged in assessment and care planning. Links are established with disability and other community representative groups as requested by the resident/family. Cultural needs are addressed in the care plan.
<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	The service provides a culturally appropriate service by ensuring it understands each resident's preferences and where appropriate their family/whānau. Values and beliefs have been discussed at the initial care planning meeting and then incorporated into the care plan. Six monthly multi-disciplinary team meetings are scheduled to assess if needs are being met. Family are invited to attend. Family assist residents to complete 'the map of life'. Discussions with residents and relatives informed values and beliefs are considered. Care plans reviewed included the residents' 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	The Code of Conduct is included in the employee pack. Job descriptions include responsibilities of the position and are in files reviewed. There are implemented policies to guide staff practice in respect of gifts. Registered nurse meetings occur monthly and include discussion on professional boundaries and concerns as they arise (minutes sighted). Management provide guidelines and mentoring for specific situations. Interviews with the clinical manager and three registered nurses confirmed an understanding of professional boundaries.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Services are provided at Redwoods that adhere to the health and disability services standards. There is an organisational policy and procedure review committee to maintain currency of operating policies. All Bupa facilities, including Redwoods, have a master copy of policies and procedures as well as related clinical forms. A number of core clinical practices also have education packages for staff, which are based on their policies.</p> <p>There are four benchmarking groups monitored across Bupa, of which Redwoods is benchmarked against rest home, dementia, hospital and psychogeriatric indicators (link 1.2.3.6). All caregivers are required to complete foundations level two as part of orientation. Bupa has</p>

		<p>introduced leadership development for qualified staff including: education from HR, attendance at external education, Bupa qualified nurses' education day and education sessions at monthly meetings.</p> <p>There are implemented competencies for caregivers, enrolled nurses and registered nurses. The standardised annual education programme, core competency assessments and orientation programmes were all seen to be being implemented.</p> <p>There is a Bupa "personal best" initiative where staff undertake a project to benefit or enhance the life of a resident(s). Thirty-one caregivers have attained bronze certificates, seven silver and seven gold on personal best.</p> <p>Redwood is actively supporting the promotion of a dementia-friendly community that has been started in Rotorua. The service works in partnership with Mental Health Services for Older Person, the Alzheimer's society and all other providers in the community.</p> <p>Redwood has implemented the Bupa B-fit programme.</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>There is an incident reporting policy to guide staff on their responsibility around open disclosure. Incident forms reviewed identified that family had been notified following a resident incident. Relatives stated that they are informed when their family members health status changes. There is an interpreter policy and contact details of interpreters were available. 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 residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. The information pack is available in large print and this can be read to residents. Information specific to the psychogeriatric and dementia unit is provided to family on admission.</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>Redwood Home & Hospital is a Bupa facility. The service provides hospital (geriatric and medical), rest home, dementia and psychogeriatric level care for up to 82 residents. Occupancy on the day of audit was 80 residents. There were 15 dementia residents in the 16-bed dementia unit and 15 psychogeriatric residents in the 15-bed psychogeriatric unit including one respite resident. The rest home and</p>

		<p>hospital wings include four dual-purpose beds. There were 27 rest home level residents, including one resident under the long-term chronic conditions contract. There were 23 hospital level residents, including two respite residents at hospital level and one resident under the long-term chronic conditions contract.</p> <p>The philosophy of the service includes providing safe and therapeutic care for residents requiring specialised hospital level care (psychogeriatric), dementia care, rest home care and hospital care. Bupa have identified six key values that are displayed on the wall.</p> <p>There is an overall Bupa business plan and risk management plan and a documented purpose, values, and direction.</p> <p>Redwood has a service specific business plan and quality goals for 2016. There are also service specific health and safety goals for 2016, such as; reducing falls, health staff and reduction of staff injuries. The business, quality and health and safety goals all document evaluation of progress quarterly.</p> <p>The care home manager at Redwood is an experienced registered nurse, who has previous experience as a clinical manager and has previously been a relieving care home manager for Bupa. She is supported by a clinical manager (registered nurse), who oversees clinical care.</p> <p>The management team is supported by the wider Bupa management team that includes an operations manager. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual forums and regional forums six monthly. The care home manager has maintained at least eight hours annually of professional development activities related to managing a hospital.</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 a temporary absence, the clinical manager provides cover for the manager's role, supported by the operations manager.</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>PA Low</p>	<p>Bupa has an established quality and risk management programme which is designed so that key components are linked to facility operations. The quality programme includes an annual internal audit schedule. Audit summaries and action plans are completed where a noncompliance is identified. Issues and outcomes are reported to the appropriate committee. Action plans are seen to have been implemented and closed out. Meeting minutes documented that results of audit are communicated to staff.</p> <p>The service collects information on resident incidents and accidents as well as staff incidents/accidents. Incident and accident data, including trends in data and benchmarked results are not documented as discussed in staff meetings. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. Discussions with registered nurses and caregivers confirm their involvement in the quality programme. Resident/relative meetings are held.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Redwood has a specific action plan in place for the reduction of falls. This has resulted in a 27% reduction in falls overall since January 2016.</p> <p>Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</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>Redwood collects incident and accident data on the prescribed form. Forms reviewed had been completed comprehensively, reviewed by the clinical manager and signed off. Monthly analysis of incidents by type has been undertaken by the service and reported to the quality group. Data was linked to the organisation's benchmarking programme and used for comparative purposes (link 1.2.3.6).</p> <p>Five incident forms were followed through to the resident files (two falls</p>

		<p>related for rest home, two falls related for the hospital and falls with psychosis for the psychogeriatric unit). All incident forms documented registered nurse follow-up through the progress notes and care plan updates as needed. Senior management were aware of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Bupa has comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Ten staff files were reviewed and included all appropriate documentation.</p> <p>The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. New staff are buddied for a period of time and during this period they do not carry a clinical load.</p> <p>There is an annual education and training schedule being implemented which exceeds eight hours annually for each staff member. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board.</p> <p>A competency programme is in place with different requirements according to work type (eg, support work, registered nurse, and cleaner). Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). There is a record of annual practicing certificates for all trained staff, GPs and allied staff.</p> <p>RN competencies include assessment tools, BSLs/Insulin administration, CD administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, CPR and T34 syringe driver.</p> <p>Three registered nurses have completed PDRP-competent level under Bupa. Two registered nurses have recently completed the preceptorship training and this brings the number of preceptors to three including the clinical manager. Seven registered nurses are InterRAI</p>

		<p>competent.</p> <p>There are a total of 37 caregivers who work in the dementia and psychogeriatric units. Twenty–nine of these have completed the required NZQA dementia standards. Eight are in the process of completing the standards; they have been working there for less than six months. The clinical 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>An organisational staffing policy aligns with contractual requirements. The WAS (Wage Analysis Schedule) is based on the Safe Indicators for Aged Care and Dementia Care and the roster is determined using this as a guide. A report is provided fortnightly from head office that includes hours and whether hours are over and above.</p> <p>There is a minimum of two registered nurses plus care staff on every shift. This includes one registered nurse in the psychogeriatric unit at all times (who also covers the dementia unit when required) and a registered nurse in the hospital 24 hours per day (who provide support to the rest home). The hospital and psychogeriatric unit have a shared office with windows into the lounge of each unit and are connected with call bells alerting through both services. The roster and discussion with family members evidences that there is sufficient staff at all times.</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 resident files were 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. Other residents or members of the public cannot view sensitive resident information. Resident files were protected from unauthorised access by being held in locked cupboards. Care plans and notes were legible and where necessary signed and dated by a registered nurse. Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation. Individual resident files demonstrate service integration. There was an allied health section that contained general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident.</p>
<p>Standard 1.3.1: Entry To Services</p>	FA	<p>There are policies and procedures to safely guide service provision and</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>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. The admission agreement reviewed aligns with the service's contracts. Six admission agreements viewed were signed. Evidence of action (eg, going through the courts for PPPR) was available for the remaining three sampled. 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. There were two residents self-administering medications on the day of audit. Both had a current competency assessment. There is a locked medication room in the hospital, rest home and psychogeriatric unit. All medications were securely and appropriately stored. The facility uses a robotic pack system. In the rest home and dementia unit, registered nurses or senior caregivers who have passed their competency administer medications. In the hospital and psychogeriatric units, all medications are administered by RNs. Medication competencies are updated annually and include syringe drivers. Medication charts have photo identification. Medications are checked on arrival and any pharmacy errors recorded are fed back to the supplying pharmacy. There is a list of standing order medications that have been approved by the GPs. Staff sign for the administration of medications on medication sheets held with the medicines and this was documented and up to date in all 18 medication signing-sheets reviewed. The medication folders include a list of specimen signatures and competencies.</p>

		Medication profiles reviewed were legible, up to date and reviewed at least three monthly by the GP. All 18 medication charts reviewed have 'as required' medications prescribed with an individualised indication for use. The medication fridges (one in the hospital and one in the psychogeriatric unit) have temperatures recorded daily and these are within acceptable ranges.
<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>	FA	<p>The service employs two chefs and four kitchenhands. All have current food safety certificates and undertake chemical safety training. The head chef oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked onsite. Meals are served from bain-maries in the hospital, rest home and psychogeriatric unit. The dementia unit food is delivered in containers within a scan box.</p> <p>On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge, food and freezer temperatures were monitored and recorded daily. These were all within safe limits. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely and cleaning schedules are maintained. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets were noted on the kitchen noticeboard, which can be viewed only by kitchen staff. The national Bupa menus have been audited and approved by an external dietitian. Residents and families interviewed were generally very happy with the meals provided. There was evidence that there are additional nutritious snacks available over 24 hours.</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>	FA	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>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The facility has embedded the InterRAI assessment protocols within its current documentation. Bupa assessment booklets on admission and care plan templates were comprehensively completed. InterRAI initial assessments and assessment summaries were evident in printed format in all files except respite files. Files reviewed across all areas of care 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.</p>
<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 multidisciplinary. All nine resident care plans were resident centred and documented in detail support needs. Family members interviewed confirm care delivery and support by staff is consistent with their expectations. Long-term care plans in the dementia and psychogeriatric units detail care and support for behaviours that challenge, including triggers, associated risks and management. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed-off as resolved. There was evidence of service integration with documented input from a range of specialist care professionals. Psychogeriatrician support and advice is documented.</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 documentation that meets the needs of the residents and all care plans had been updated as residents' needs changed. Interview with one GP evidenced that care provided is of a high standard and GPs are kept informed. Family members and residents interviewed confirmed that the clinical care is of a high standard and that they are involved in the care planning.</p> <p>Caregivers and RNs interviewed state there is adequate equipment provided including continence and wound care supplies. Wound assessment, wound management and evaluation forms were in place for the current wounds being managed. There were twelve skin tears and five wounds. Registered nurses could describe accessing a wound nurse specialist when needed and one of the RNs had commenced the</p>

		<p>role of wound champion onsite.</p> <p>Monitoring charts are well utilised where required, including behaviour monitoring charts. Any resident at risk of pressure injury is turned regularly and they do use turning charts if necessary. All residents are weighed monthly. If there is a weight loss or gain trend, there is discussion with the GP and/or a referral to a dietitian.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>There is one activities coordinator (35 hrs weekly) and two activities assistants (30 hrs weekly). All three have completed dementia training. A physiotherapist assists with walking and exercise groups. There are three volunteers and one younger person day care resident carries the title of 'volunteer' also. On the day of audit, residents in all areas were observed being actively involved with a variety of activities. The Bupa activities programme template is designed for high-end and low-end cognitive functions and caters for individual needs. The programme is developed monthly and displayed in large print and colourful illustrations throughout the facility and in individual bedrooms, there is a weekly programme. The programme itemises which activities are in which area of the facility. 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, at least six monthly.</p> <p>There are van outings for each unit each week. Events such as birthdays, Easter, Mother's Day etc. are celebrated. The activities coordinator leaves activities, DVDs or such for residents to partake on weekends. Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed were evaluated by the registered nurses six monthly or when changes to care occur. 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, activities staff, resident/family and clinical manager. The family are notified of the review and if unable to attend, they receive a copy of the reviewed plans. There is at least a three</p>

		monthly review by the medical practitioner with residents in the hospital seen monthly unless the GP documents that their condition is stable and are for review three monthly. There is evidence on file that family input is invited.
<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 was reassessed for a higher or different level of care. Discussion with 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 are comprehensive and up-to-date policies that include chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas in all services. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff at the point of use.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness, which expires in March 2017. Fire equipment is checked by an external provider. Electrical equipment has been tested and tagged. Hoists and scales have been tested and tagged. Reactive and preventative maintenance occurs. There is a 52-week planned maintenance programme in place. Hot water temperatures have been monitored monthly in resident areas and were within the acceptable range. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade. There is wheelchair access to all areas.</p> <p>The psychogeriatric and dementia unit are secure from the rest of the facility, but can be taken through to use the large activities room and</p>

		<p>remain secure. Each unit has their own secure external courtyard.</p> <p>The facility has a van available for transportation of residents. The staff transporting residents hold a current first aid certificate. In the facility, residents are able to bring in their own possessions and are able to personalise their room as they wish. There are quiet, low stimulus areas that provide privacy when required.</p> <p>Redwood has been proactive with refurbishment and this includes; Renovation of the front entrance, reception and office area and new curtains in the hallways, dining room and some of the rooms. New furniture in the lounge and new dining chairs and tables have been purchased for the hospital. In the dementia unit, the garden has been landscaped and includes a water feature and new fencing. New furniture has also been purchased for the lounge and dining area.</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 toilets and showers in the rest home, hospital, dementia and psychogeriatric units. There are communal toilets located close to communal areas. There are sufficient numbers of communal toilets and mobility bathrooms. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contain flowing soap and paper towels. Communal toilets and bathrooms have appropriate signage and locks on the 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 resident rooms are used as single with the exception of one in which a married couple reside. Bedrooms 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>The lounge areas are spacious and can be used for activities and small groups as well as for private social interaction. There are smaller lounges for residents who prefer quiet, low stimulus areas. Residents requiring transportation between rooms or services are able to be moved safely from one area to another. Staff interviewed reported that they have adequate space to provide care to residents.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment,</p>	FA	<p>Each area has a lounge and dining room and a smaller lounge for quiet</p>

<p>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>		<p>activities such as reading or for visitors.</p> <p>Residents (as able) were observed to be moving freely with the use of mobility aids. Furniture was well arranged to facilitate this. The hospital and rest home dining room and lounges accommodate specialised lounge chairs. Seating and space is arranged to allow both individual and group activities to occur.</p> <p>Activities occur throughout the facility in the lounge areas. The lounges are all large enough to not impact on other residents who are not involved in activities. Seating and space is arranged to allow both individual and group activities to occur. There are small lounges/dining areas where residents who prefer quiet low stimulus areas may sit. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander.</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. The laundry is large and is divided into a 'dirty and clean' area. There is a laundry person on duty each day, seven day's week. Cleaners' trolleys are stored in locked areas when not in use. There were adequate linen supplies sighted in the facility linen-store cupboards. There is a comprehensive laundry and cleaning manual. Cleaning and laundry services are monitored through the internal auditing system and the resident satisfaction surveys. The cleaners trolleys were attended at all times or locked away in sluice rooms as sighted on the day of the audit. There are sluice rooms in each part of the facility for the disposal of soiled water or waste. These and the laundry are kept locked when not in use. The chemical provider audits the effectiveness of chemicals for laundry and cleaning services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency and disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR were 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 were in place. The service has alternative gas facilities for cooking in an event of a power failure with a backup system for emergency lighting and battery backup. Oxygen cylinders are available. There is a civil defence kit in the facility and</p>

		stored water. Call bells are evident in resident's rooms, lounge areas and toilets/bathrooms. The facility is secured at night.
<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	The facility has radiator heating throughout the personal and communal areas. All communal areas and bedrooms are well ventilated and light. Smoking is only allowed outside in a 'smoking' courtyard adjacent to the rest home/hospital area for residents and off the staff room for staff who smoke. Residents and family interviewed, stated the temperature of the facility is comfortable.
<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	The infection control programme is appropriate for the size and complexity of the service. The scope of the infection control programme policy and the description of the infection control programme are available. There is a job description for the infection control (IC) coordinator and clearly defined guidelines. The infection control committee meets monthly at Redwood. The quality meetings reviewed also included a discussion of infection control matters. The IC programme is reviewed annually at head office. The facility has developed links with the GPs, local laboratory, the infection control and public health departments at the local DHB. Bupa have a regional infection control group (RIC) for the three regions in NZ.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control committee is made up of a cross section of staff from all areas of the service. The facility also has access to an infection control nurse specialist, public health, GPs and expertise within the organisation.</p> <p>Following a recent outbreak of diarrhoea and vomiting June 2016, the service developed laminated guides for staff to follow in the event of an outbreak. Staff report that this easily accessed information has been very helpful and was instrumental in managing an outbreak during August to only one week.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. There is also a 'scope' of the infection control programme, standards for infection control, infection control preparation, responsibilities and job descriptions, waste disposal, and notification of diseases. Infection

<p>procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>control procedures developed and contained in the kitchen, laundry and the housekeeping manuals incorporate the principles of infection control. These principles are documented in the service policies contained within the infection control manual. External expertise can be accessed as required, to assist in the development of policies and procedures.</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 infection control officer is responsible for coordinating/providing education and training to staff. The IC coordinator (a registered nurse) is suitably skilled and trained to manage infection matters. The orientation package for new staff includes specific training around hand washing and standard precautions. There has been infection control training provided as part of the annual education schedule. Toolbox sessions are also used opportunistically to maintain staff knowledge. Resident education is expected to occur as part of providing daily cares. Support plans can include ways to assist staff in ensuring this occurs.</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 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.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and southern community laboratory that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff.</p> <p>Infections statistics are included for benchmarking.</p> <p>Outbreaks of diarrhoea and vomiting were documented for June and August 2016. Daily meetings were undertaken to discuss the outbreaks, actions taken and progress. Additional training was identified and provided (such as handwashing and standard</p>

		precautions) Public Health and the DHB were informed.
<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. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, and regional restraint meetings and at an organisational level. Interviews with the 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. On the day of audit, the service had no residents using restraint and three residents with bedrails as an enabler in the hospital (bedrails when in bed). All enabler use is voluntary. Two resident files of enabler use were reviewed. The enabler assessment form was completed and signed by the resident. These had been evaluated at least three monthly.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</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>The service undertakes a series of meetings each month to discuss and disseminate quality outcomes and other information to staff. A specific quality group for the service reviews all quality data and a series of other meetings for the wider staff.</p> <p>Specialist groups include infection control, B-fit group, and health and safety. These meetings documented that quality data is discussed. The outcomes of infection control surveillance and incident and accident data is not documented as reported to the wider staff.</p>	<p>A review of meetings for January to July 2016 evidences that incident and accident, and infection surveillance outcome data is not reported to, or documented, as discussed with staff through staff meetings or unit meetings.</p>	<p>Ensure there is a documented process of reporting and discussing the outcomes and trends of quality data with staff.</p> <p>60 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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.