

Bupa Care Services NZ Limited - Broadview Rest Home & Hospital

Introduction

This report records the results of a Surveillance 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:	Broadview Rest Home & Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 January 2017 End date: 19 January 2017
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:	72



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

Broadview Rest Home & Hospital is part of the Bupa group. The service is certified to provide rest home, hospital (medical and geriatric), dementia, and mental health hospital and psychogeriatric level care for up to 85 residents. On the day of the audit there were 72 residents.

This surveillance audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of resident's and staff files, observations and interviews with residents, relatives, staff and management.

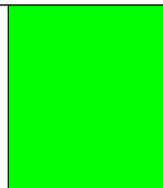
Broadview is managed by a care home manager who is appropriately qualified and experienced. Feedback from residents and relatives is positive about the care and services provided. An induction and in-service training programme is provided.

Seven of the seven shortfalls identified at the previous audit have been addressed. These were around staff meetings, staff training, and timeliness of resident documentation, staff education, medication management, chemical storage and training for the infection control coordinator.

This audit has identified an improvement required around contractual registered nursing requirements in the psychogeriatric/mental health units.

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.

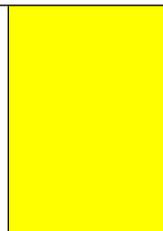


Standards applicable to this service fully attained.

There was evidence that residents and family are kept informed. Open disclosure is practiced. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Organisational management

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



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

Services are planned, coordinated, and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of quarterly reviews. A risk management programme is in place, which includes managing adverse events and health and safety processes.

An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The service also runs a focus group for supporting families and residents in the Kauri mental health unit.

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

Registered nursing cover is provided 24 hours a day, seven days a week.

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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Residents' records reviewed provided 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 included medical notes by the contracted GP, psychogeriatrician and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner or psychogeriatrician.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group.

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 facility has a current building warrant of fitness. All chemicals were stored securely.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Enablers are voluntary and the least restrictive option. There were 16 residents with restraints and five residents who required an enabler during the audit. Appropriate assessments, care planning, monitoring and evaluations are in place around restraint and enabler use. Enabler use is voluntary.

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.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control coordinator is appropriately trained. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	19	0	1	0	0	0
Criteria	0	50	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the care 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.</p> <p>Discussions with the residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestions box are in a visible location at the entrance to the facility. Seven complaints received in 2016 were reviewed with evidence of appropriate follow-up actions taken. There has been one complaint that involved the DHB in October 2016. The complaint is now closed and no further actions are required by the DHB.</p> <p>There is written information on the service philosophy and practices particular to the different units.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Staff interviewed (one clinical manager, one care home manager, three registered nurses - one mental health and psychogeriatric, one hospital, one rest home and dementia, eight caregivers - two mental health and psychogeriatric, two rest home, two dementia, and two hospital) showed understanding of open disclosure. 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</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>not) of an accident/incident. Fifteen accident/incident forms reviewed identified family are kept informed. All six residents interviewed (two mental health, two rest home level and two hospital level) said there were regular meetings and that communication with staff was good. The five families interviewed (one rest home level, one hospital level, one dementia level, and two psychogeriatric level) stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>There is a site specific introduction to the psychogeriatric unit booklet providing information for family, friends and visitors visiting the facility 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>Broadview Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 85 residents at hospital, rest home, dementia, mental health hospital and psychogeriatric levels of care. On the day of the audit there were 26 hospital level residents in the 26-bed hospital wing (10 beds in the other hospital wing were not in use at the time of the audit), including one on an ACC short-term contract and one on a younger persons with disabilities contract. There were 10 residents in the 10-bed mental health unit, 14 residents in the 15-bed dementia unit, eight of a potential nine permanent residents in the psychogeriatric unit and one unit in the DHB funded assessment bed in the psychogeriatric unit and 14 of a potential 14 rest home residents (one of who was on respite care).</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>The care home manager is a registered nurse with a current practising certificate who has been in this role for three and a half years and had previously held the position of clinical manager for six years. She is supported by a clinical manager/RN who has worked at Broadview for eight years and been in the role for 3 ½ years.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has</p>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with the managers and staff reflect their understanding of the quality and risk management systems that have been put into place.</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</p>

<p>an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>reviewed. New policies or changes to policy are communicated to staff. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data and benchmarked results are discussed in quality meetings, registered nurses meetings and there have been regular staff meetings. This is an improvement since the previous audit. Corrective actions are implemented when service shortfalls are identified and signed off when completed. All internal audits completed in each unit with corrective action forms in each unit.</p> <p>The care home manager and a diversional therapist facilitate health and safety for the service. The health and safety committee meet three monthly with a variety of staff from throughout the service attending the meeting. The diversional therapist has completed the transitional training online. The care home manager states she is more aware of her responsibilities since the new legislation and there is increased reporting on health and safety required of her. Hazard identification forms and a hazard register are in place.</p> <p>Falls prevention strategies are in place.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked and analysed for trends for each unit.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. An appropriate section 31 notification was made following a resident absconding during a fire alarm. An incident review followed and changes in practice were implemented to reduce the likelihood of a similar incident.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	<p>FA</p>	<p>Six staff files sampled (one clinical nurse manager, one registered nurse [mental health and psychogeriatric], two caregivers, one second cook, and one activities coordinator) included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type.</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>A register of practising certificates is maintained.</p> <p>There is an annual education and training schedule that is being implemented. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board. Additional training is also offered in relation to new client needs. The clinical nurse manager has implemented quarterly training days which has improved the staff attendance at training. Staff in the mental health unit have received training to ensure the required knowledge and skills for this environment.</p> <p>There are 15 healthcare assistants working in the in the psychogeriatric and mental health units (the roster includes staff working in each unit as rostered). Twelve of these have completed the required dementia standards. The other three are enrolled and have been at the service less than twelve months. All 15 healthcare assistants who work in the dementia unit have completed the required dementia standards. The activities programme is overseen by a diversional therapist and staff on the activities team have undergone dementia related training. This is an improvement since the previous audit.</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>PA Low</p>	<p>The care home manager and clinical manager are registered nurses who are available during weekdays. RN cover is provided 24 hours a day, seven days a week. There is at least one registered nurse on duty in the hospital wings at all times and another registered nurse 24 hours per day across the mental health/psychogeriatric units. These two units have a view into each lounge from the shared office and there are cameras to provide visual monitoring of both units corridors and small lounges in the office. Cover for the dementia unit is provided by the rest home RN during the day during the week. Outside these hours the hospital registered nurse attends to urgent matters in the rest home (which is on the level above the hospital) and the psychogeriatric/mental health registered nurse attends to urgent matters in the dementia unit (two floors above the psychogeriatric unit). RNs are supported by caregivers. Interviews with the residents and relatives confirmed staffing was satisfactory. Interviews with caregivers across the hospital/MH/PG units had concerns about staffing.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer</p>	<p>FA</p>	<p>Residents in the mental health unit are all assessed as requiring a secure mental health unit providing 24-hour care. There is also a 'resident on leave form'. Some residents are able to go out on leave with family and records are maintained of this. Advised by the clinical manager that resident behaviours must be manageable and family are made aware of the risks and can return the resident back to the facility at any time during the leave period if the family are not able to manage, or the resident is becoming distressed. The registered nurse described assessment and observation monitoring of residents within the unit in the first two weeks of admission. These assist to determine the interventions/triggers for management of behaviour. This form is also instigated at other times when behaviours accelerate.</p> <p>There is one resident in the psychogeriatric unit who is awaiting a bed to become available in the mental health unit. The care home manager and clinical manger described liaison with the DHB and mental health team regarding this</p>

from services.		situation. At present, there are no beds available in the mental health unit.
<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>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering medications at the time of audit. The service uses an electronic medication management system. 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 all areas are clean and well organised. The medication fridges have temperatures recorded daily and these are within acceptable ranges. This shortfall identified at previous audit has been addressed.</p> <p>All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses and care staff interviewed were able to describe their role in regard to medicine administration. Standing orders not used.</p> <p>Sixteen medication charts were reviewed (two dementia, four psychogeriatric, four rest home, four hospital and two mental health). Photo identification and allergy status were on all charts. All medication charts for long-term residents had been reviewed by the GP at least three monthly.</p> <p>Anti-psychotic management plans are used for residents using anti-psychotic medications when medications are commenced, discontinued or changed. The psychiatrist/ psychogeriatrician reviews the management plans at least monthly or earlier if required.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Broadview are prepared and cooked onsite. There is a six weekly seasonal menu which had been reviewed by a dietitian. Meals are delivered to each unit's dining area. Dietary needs are known with individual likes and dislikes accommodated. Pureed, gluten free, diabetic desserts are provided. Cultural and religious food preferences are met.</p> <p>Staff were observed assisting residents with their meals and drinks in the psychogeriatric unit and hospital. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded on each meal. The dishwasher is checked regularly by the chemical supplier.</p> <p>There is evidence that there are additional nutritious snacks available over 24-hours in all units.</p> <p>All food services staff have completed training in food safety and hygiene and chemical safety.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>All resident files sampled contained a long-term care plan that documented goals and interventions for all identified needs. Short-term care plans were documented for short-term needs. The management of behaviour was documented in the three files sampled for residents with issues relating to behaviour. This is an improvement since the previous audit.</p> <p>One mental health file was sampled in the planned sample and the sample was extended to two further files around early warning signs and relapse preventions strategies. The mental health file contained a Bupa template care plan that addresses all identified needs for the resident. The care plan was comprehensive and demonstrated integration with allied health professionals. All three care plans contained a detailed mental health risk assessment and plan which included comprehensive strategies to manage risk and clearly documented early warning signs and strategies to minimise the risk of relapse prevention for each resident. This is an improvement since the previous audit.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. The family members confirmed on interview they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications were documented in the resident file sampled in the family/whānau contact form.</p> <p>The mental health and psychogeriatric units have a designated MHSOP liaison nurse and some mental health clients have their own designated MHSOP keyworker. A psychiatrist also visits the mental health unit and psychogeriatric service monthly for scheduled reviews and more often if required. Mental health resident files reviewed document that the care and support provided is consistent with needs and fully communicated to family. The need for a secure unit has been documented by referral agencies. The mental health resident whose file was reviewed receives appropriate care.</p> <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 and diversional therapist.</p> <p>Residents are weighed monthly. Nutritional requirements and assessments are completed on admission identifying resident nutritional status (link 1.3.5.2).</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Six registered nurses were able to describe access for wound and continence specialist input as required.</p> <p>There is specialist input into resident's well-being in the psychogeriatric and mental health units. Strategies for the provisions of a low stimulus environment could be described by the care team. Care staff were able to describe</p>

		<p>specific de-escalation techniques and strategies used to address individual resident's behavioural issues.</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>One the day of audit there were 26 wounds documented for the rest home and hospital. The wounds included 18 skin tears, chronic ulcers and skin carcinomas and pressure injuries. The wound care specialist had reviewed the more serious wounds and wound care plans reflect the specialist input. In the hospital, there were two stage-3, one stage-2 and one stage-1 pressure injury. Care plans reviewed clearly documented, skin care, pain management, mobility, and pressure relieving strategies and equipment that was in use for each resident.</p> <p>The dementia unit documented three wounds (one skin tear, one chronic vascular ulcer and one pustule). The psychogeriatric and mental health unit documented four wounds (two skin tears, one ulcer, and one laceration). 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 delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities team is led by an experienced registered diversional therapist. The team comprises of two divisional therapists and two other activities persons. Both the activities assistants are in the progress of completing their Careerforce level 4 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 throughout 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 were evidenced to be 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 and a record is kept of individual residents activities. 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. Activity participation sheets were maintained in files sampled. Families are invited to the resident meetings. The service also receives feedback and suggestions for the programme through surveys and one-on-one feedback from residents (as appropriate) and families.</p> <p>Families and residents were satisfied with the activities programme provided. Residents from all levels of care were</p>

		<p>observed to be provided with and enjoying a wide range of activities.</p> <p>In the psychogeriatric and mental health unit both group and one-on-one activities are provided to meet the individual needs of the residents.</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 for long-term residents had been evaluated by registered nurses' six monthly. There is a comprehensive multidisciplinary review documented. The multidisciplinary review involves the RN, GP and NP Intern, any allied health member involved in individual resident care, 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, and monthly visits by the psychiatrists were evidenced in mental health and psychogeriatric files reviewed. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP and psychiatrist 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 ongoing problem.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>The service has appropriate policies and procedures around the disposal of waste and the management of hazardous substances including chemicals. The two cleaners spoken to were familiar with and described the implementation of these. All chemicals sighted were safely stored in locked areas and labelled with the manufacturer's label. This is an improvement since the previous audit.</p>
<p>Standard 1.4.2: Facility Specifications</p>	FA	<p>The facility has a current building warrant of fitness that expires in June 2017.</p>

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The facility is committed to the ongoing education of staff and residents. All infection control training has been documented and a record of attendance has been maintained. Education is facilitated by the infection control officer who has completed external training to ensure knowledge of current practice. This shortfall identified by the previous audit has been addressed.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<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 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. There have been no outbreaks reported since the previous audit.</p>
Standard 2.1.1: Restraint minimisation	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the staff confirm their understanding of restraints and enablers.</p>

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. The service has five hospital residents with bedrails on the enabler register and 16 hospital residents using 22 restraints on the restraint register. Three files sampled for residents with enablers and one interviewed demonstrated that enabler use is voluntary.</p>
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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 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe</p>	PA Low	<p>There is one RN 24/7 rostered in the hospital and one RN rostered 24/7 in PG/MH. Additionally there is an RN who works four on, two off (morning shift) covering the D3 and rest home.</p> <p>There is at least one registered nurse on duty in the hospital wings at all times and another registered nurse 24 hours per day in the mental health and psychogeriatric units (PG). These two units have a view into each lounge from the shared office and there are cameras to provide visual monitoring of both units corridors and small lounges in the office. When the rest home nurse is not on duty (ie, outside normal working hours) the registered nurse in the hospital provides urgent cover in the rest home and the registered nurse in the mental health/psychogeriatric units attends urgent issues in the psychogeriatric unit.</p> <p>Staff reported concerns about adequate staffing in the hospital unit and evenings/night in the MH/PG unit. With the current call bell system, the</p>	<p>The registered nurse in the psychogeriatric/mental health unit leaves the area to meet urgent needs in the dementia unit in the evenings, nights and weekends, leaving the unit without registered nurse cover during these times. Staff reported concerns about staff cover in the hospital and when the RN leaves to attend to emergencies in other areas of the facility.</p>	<p>Review current staffing across the hospital and PG/MH units when support is needed.</p> <p>90 days</p>

service delivery.		<p>service is not able to monitor bell answering times. The mental health unit is two floors below the dementia unit and after 10 pm, when that RN leaves the unit, that only leaves one person in each unit (the caregiver) for residents with significant behaviours. It takes a good two to three minutes to get back to Kauri and Kowhai (MH and PG) and if the staff member is involved in a significant behaviour incident they report there is no help available and because the RN is away, the second caregiver on the shift sometimes then has to leave the PG unit completely unattended to go next door to an issue in the MH unit.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.