

Bupa Care Services NZ Limited - Hillsborough 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:	Hillsborough Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 August 2017 End date: 8 August 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:	44

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Hillsborough provides rest home and hospital level care for up to 47 residents. During the audit, there were 44 residents.

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

The care home manager is new to the service. He is appropriately qualified and experienced and is supported by a clinical manager and quality manager (registered nurses).

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

The facility has embedded the InterRAI assessment protocols within its current documentation. Bupa assessment booklets and care plan were individualised and comprehensively completed for all resident files reviewed.

This certification audit identified an improvement required in relation to performance appraisals.

The service has achieved continued improvement ratings around meeting the cultural needs of residents, the information provided at entry, quality initiatives and infection control practices.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		All standards applicable to this service fully attained with some standards exceeded.
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Bupa Hillsborough Rest Home and Hospital endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrated an understanding of residents' rights and obligations. 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 needs are identified and comprehensively addressed. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is in place. Opportunities for improvements are identified and implemented.

Residents receive appropriate services from suitably qualified staff. Staff recruitment is managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments. Registered nursing cover is provided twenty four hours a day, seven days a week. The integrated residents' files are appropriate to the service type.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		All standards applicable to this service fully attained with some standards exceeded.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is sufficient information gained through the initial support plans, specific assessments, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified that the integration of allied health and a team approach is evident in the overall resident file. There is a three-monthly general practitioner review. The activities person 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. Medications are managed appropriately in-line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on-site. This includes consideration of any dietary preferences or needs.

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.

There is a current warrant of fitness and an approved fire evacuation plan. Rooms are single accommodation. The home is warm and resident rooms are personalised. Rooms have either ensuites or access to communal facilities. There is a large central lounge area and a spacious dining room. There are effective waste management systems in place and chemicals are stored safely. The facility has a van available for transportation of residents. Staff that transport residents hold current first aid certificates. Activities occur throughout the facility. Dedicated staff manage cleaning. All laundry is managed off-site at a neighbouring Bupa facility. There are systems in place for emergency management and there is at least three days of emergency supplies stored on-site. There is a staff member on duty at all times with a current first aid certificate. The facility is light and appropriately heated and ventilated. The maintenance manager monitors internal temperatures. There is a designated smoking area within the grounds.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Staff are provided with training in restraint minimisation and challenging behaviour management. On the day of audit there was one resident using restraint and three residents with an enabler. Restraint management processes are being implemented.

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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Bupa Hillsborough has an infection control programme that complies with current best practice. There is a dedicated infection control nurse who has a role description. The infection control programme is reviewed annually. Infection control education is provided at orientation and incorporated into the annual training programme. Training records were sighted. Education provided includes an evaluation of the session and content delivered. Records of all infections are kept and provided to head office for benchmarking.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	2	47	0	1	0	0	0
Criteria	4	96	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. The policy relating to the Code is implemented and staff could describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff (six caregivers, five registered nurses, the activity coordinator, the clinical manager and the care home manager), reflected their understanding of the key principles of the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give	FA	There are established informed consent policies/procedures and advanced directives. General consents obtained on admission were sighted in the seven residents' files reviewed (one from the rest home and six from the hospital including one long-term support chronic health conditions, one on an ACC contract and on a DHB interim contract) were reviewed. Advanced directives if known were on the residents' files. Resuscitation plans for competent residents were appropriately signed. Copies of enduring power of attorney (EPOA) were in resident files for residents deemed incompetent to make decisions. An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Residents and relatives interviewed confirmed they have been made aware of and fully understand informed

informed consent.		<p>consent processes and confirmed that appropriate information had been provided.</p> <p>Seven resident files reviewed had a signed admission agreement, with the interim care agreement being made with the DHB on a DHB templated form.</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>Information about the national Health and Disability Advocacy service is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility in a variety of languages. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events, and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident and relative meetings are held monthly.</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>The complaints procedure is provided to residents and relatives on entry to the service. A record of all complaints received is maintained by the care home manager using a complaints' register. The complaints register reviewed included verbal and written complaints with evidence to confirm that complaints are being managed in a timely manner, including acknowledgement, investigation, meeting timelines, corrective actions when required, and resolutions.</p> <p>A complaint made to the Minister of Health in January 2017 that also involved the DHB has been found to be unsubstantiated and closed. Complaints to the DHB (June 2017) have been actioned and closed.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at reception.</p>
Standard 1.1.2: Consumer Rights	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, the clinical manager and</p>

During Service Delivery Consumers are informed of their rights.		registered nurses discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are held during the resident/family meetings. All eleven residents (two rest home and nine hospital level) interviewed, reported that the residents' rights are being upheld by the service. Interviews with family (three hospital level) also confirmed their understanding of the Code and its application to aged residential care.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents are treated with dignity and respect. Privacy is ensured and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and church services are held. There is a policy on abuse and neglect and staff have received training.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. Two Māori residents interviewed confirmed that Māori cultural values and beliefs are being met. The service holds Māori cultural days and Te Reo phrases are included in the phrase book (link CI 1.1.6.2). Māori consultation is available through the documented iwi links. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive	CI	The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Bupa Hillsborough has a high number of residents from a variety of cultures residing at the service. The required standard has been exceeded around meeting the cultural needs of these residents. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.

culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		Care plans reviewed included the resident's spiritual and cultural needs.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. A house GP visits the facility one day a week and an after-hour's service is provided by another service. The general practitioner (GP) reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. The GP interviewed is satisfied with the level of care that is being provided.</p> <p>The service receives support from the district health board, which includes visits from the mental health team and nurse specialist's visits. Physiotherapy services are provided on-site four hours per week and a full-time physiotherapy assistant is employed. A dietitian is also available for consultations. There is a regular in-service education and training programme for staff. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa Hillsborough is benchmarked against other Bupa services. If the results are above the benchmark, a corrective action plan is developed by the service.</p> <p>The service has developed and implemented a number of quality projects to improve services for residents. These include (but are not limited to) a falls reduction programme, a project that has resulted in a decrease in medication errors and a programme to ensure more effective follow-up of clinical needs following incidents.</p> <p>In 2016, their resident satisfaction survey was -19 net promoter score with a return rate of 68%. In 2017, they achieved a positive improvement to +25 with a slightly reduced return of 62%.</p>
Standard 1.1.9: Communication	FA	Policies and procedures relating to accident/incidents, complaints and open disclosure policy, alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.		<p>Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated (link CI 1.1.6.2).</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
<p>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>	FA	<p>Bupa Hillsborough Care Home provides hospital (geriatric and medical) and rest home level care for up to 47 residents. They have a contract to provide interim care for up to six residents at any given time. There were three rest home level residents and 41 hospital level residents at the time of the audit. Hospital level residents included three on interim care contracts, one on a long-term support – chronic health conditions (LTS – CHC) contract and two funded by ACC. All beds are dual-purpose.</p> <p>A vision, mission statement and objectives are in place. Progress towards the achievement of annual goals (2017) for the facility has been reviewed by the care home manager.</p> <p>The service is managed by a care home manager who had been there for three weeks at the time of the audit and was in the process of undergoing orientation. He is non-clinical and has considerable experience managing health services. He is supported by a clinical manager/registered nurse (RN) who has been employed at the facility since March 2017, having previously worked at another Bupa facility. The care home manager and clinical manager are supported by the Bupa operations manager who was the care home manager at Hillsborough until November 2016.</p> <p>The operations manager has maintained over eight hours annually of professional development activities related to managing an aged care service. Training is planned for the care home manager and clinical manager, both of whom have recently completed/are completing orientation to the management roles.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service</p>	FA	<p>During the temporary absence of the care home manager, the clinical manager covers the care home manager's role with the support of the operations manager and the care home managers from other Bupa sites located in Auckland.</p>

is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.		
<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>	FA	<p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. There is evidence of corrective actions being communicated to all staff and being evaluated and signed-off by management when completed. A satisfaction survey for 2017 demonstrated increased resident satisfaction from 2016. Plans were developed to address areas the service felt could be improved.</p> <p>The health and safety committee meets monthly and identified hazards are discussed including how risks have been isolated or minimised. Health and safety was evidenced to be consistently discussed as an agenda item in monthly staff meetings. A health and safety representative was interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register is in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. An employee health and safety programme (Bfit) is in place, which is linked to the overarching Bupa National Health and Safety plan.</p> <p>The service has implemented a falls reduction project that has included the development of a local falls assessment tool, additional staff training and the purchase of additional equipment. The project is ongoing and has resulted in a significant drop in the falls rate in the past two months.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Twelve accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications with examples provided.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Seven staff files reviewed (one RN, one clinical manager, three caregivers, one activities coordinator and one cook) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. Not all files had a current performance appraisal. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction. Registered staff have had training in meeting the clinical needs of residents under the hospital (medical) aspect of the certification.</p> <p>Registered nurses are supported to maintain their professional competency. Eight registered nurses are employed and five have completed interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication, catheter care, wound management and syringe driver competencies.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced</p>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager Monday – Friday and a clinical manager (RN) Monday – Friday. RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of caregivers. Separate cleaning staff are employed seven days a week.</p> <p>For staffing purposes, the service is divided into two wings. On morning shift, there are two registered nurses to cover the facility (one generally works in each wing). On afternoon shift, one registered nurse works a full shift and one works until 9.00pm and there is one registered nurse on night shift.</p>

service providers.		<p>Waikowhai wing (17 hospital residents and two rest home residents at the time of the audit) has two caregivers that work a full morning shift and one that works a short shift, one that works a full afternoon shift and one that works until 8.30pm.</p> <p>Manakau wing (23 hospital residents and one rest home resident at the time of the audit) has two caregivers that work a full morning shift and two that work a short shift, and one that works a full afternoon shift and two that work until 8.30pm.</p> <p>Two caregivers support the registered nurse overnight throughout the facility. The facility is on one level and the two wings are adjacent to each other.</p> <p>The clinical manager and care home manager take week about for on-call with the clinical manager providing clinical back-up when the care home manager is on-call.</p> <p>Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrate service integration with only medication charts held in a separate folder.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	CI	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. NASC assessments are required for entry to the service for aged care and LTS – CHC residents. The service communicates with needs assessors and other appropriate agencies prior to the resident's admission regarding the resident's level of care requirements. Pre-admission information packs include information on the services provided for resident and families. An information booklet has been created (by families and staff) for all new residents and their families, giving information on the day, about life at Hillsborough. The required standard has been exceeded around the information provided. Residents and family members interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service. Admission agreements for long-term residents aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Seven residents' files (one from the rest home and six from the hospital including one long-term support chronic health conditions, one on an ACC contract and on a DHB interim</p>

		contract) were reviewed. All files sampled (except the ACC and interim care residents) had NASC approval and all had signed service agreements.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The service facilitates access to other medical and non-medical services. All relevant information is documented and communicated to the receiving health provider or service via the yellow envelope system. A transfer form accompanies residents to receiving facilities. Transfers reviewed (two residents via ambulance) to ADHB in June and July 2017 were appropriate and timely. The GP interviewed stated RNs raised any change in condition or issues in an appropriate and timely manner.</p> <p>The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and processes that describe medication management that align with accepted guidelines. Medications are checked against the doctor's medication profile on arrival from the pharmacy by a RN. Any errors by the pharmacy are regarded as an incident.</p> <p>Designated staff are listed on the medication competency register. Staff responsible for medication administration are either a registered nurse or senior caregiver. All RNs and senior caregivers had completed an annual medication competency and education. Syringe driver competency and education has been completed by registered nurses annually via the hospice.</p> <p>There is an electronic medication management system in place. Resident electronic medication charts are identified with demographic details and photographs. The fridge where medications are kept, has a weekly temperature check. Allergies or nil known are not identified on all sampled medication records. The service documents adverse reactions and errors on incident/accident forms.</p> <p>The medication round was observed at lunch time; all practice was appropriate.</p> <p>There is a policy and process that describes self-administered medicines. There is currently one resident who self-administers inhaler medications. The resident's competency is checked three-monthly and a record signed by the GP is kept on file.</p> <p>Fourteen medication records (twelve hospital; two rest home) were reviewed and demonstrated medication profiles are legible, up-to-date and reviewed at least three-monthly by the GPs. All as required medication charted included an indication for use. Medication signing sheets were signed following administration.</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 food is cooked on-site and the head cook oversees all functions and provision of food. A second cook and three kitchenhands provide cover seven days a week. The head cook and kitchen staff stated that all staff have been trained in safe food handling.</p> <p>The service has a large workable kitchen. The kitchen and the equipment are well maintained. Meals are plated in the kitchen and delivered straight to the main dining area. A tray service is available and delivered via a hot box system to maintain correct food temperatures. The four-weekly seasonal menu is varied and developed by a dietitian (last review completed April 2017). Diets are modified as required. There is a choice of foods and the kitchen can cater to specific requests if needed. At interview, the head cook described that the RN completes each resident's nutritional profile on admission with the aid of the resident and family. Special diets are catered for and documented in the kitchen. Food safety information and a kitchen manual are available in the kitchen. Food served on the day of audit was hot and well presented.</p> <p>The service encourages residents to express their likes and dislikes. The residents interviewed spoke highly about meals provided and they all stated that staff ask them about their food preferences. Equipment is available on an 'as needed' basis. Residents requiring extra support to eat and drink are assisted, this was observed during lunch.</p> <p>Fridge/freezer, end cooked and dishwasher temperatures are monitored. Food in the fridge and chiller were covered and dated. The kitchen is clean and all food is stored off the floor. Chemicals are locked away. Material safety datasheets are available.</p> <p>Food audits are carried out as per the yearly audit schedule.</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	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4:</p>	FA	<p>An initial nursing assessment and care plan is completed within 24 hours of admission. Personal needs, outcomes and goals of residents are identified. Resident files sampled demonstrated that a range of assessment</p>

<p>Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>tools were completed in resident files and reviewed at least six monthly including (but not limited to); falls, pressure areas and nutrition. Continence and pain are assessed on admission and as needed and weights and general observations are monitored on a weekly to monthly basis dependant on needs. InterRAI assessments were completed and reviewed for aged care and the LTS – CHC residents. Assessments are conducted in an appropriate and private manner.</p> <p>Assessment process and the outcomes are communicated to staff at shift handovers, via communication books, progress notes, initial assessment and care plans. Residents and family interviewed, stated they were kept informed and involved in the assessment process.</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>The long-term care plans reviewed described the support required to meet the resident's goals and needs and identified allied health involvement under a suite of template headings. The interRAI assessment process informs the development of the resident's care plan. Service delivery plans demonstrated service integration. Assessments and care plans are detailed and include input from allied health including gerontology specialists, dietitians, DHB nurse specialist, physiotherapy and podiatry.</p> <p>Residents and their family/whānau interviewed, reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow.</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>The service provides services for residents requiring hospital and rest home level of care. Care plans were detailed and met resident needs.</p> <p>In files sampled, wound care plans, falls management, diabetes specific plans, nutrition management (including specific PEG cares), pain management and behaviour management plans were evident. The care being provided is consistent with the needs of residents, this was evidenced by discussions with residents, family and staff. The GP interviewed stated the facility applied changes of care advice immediately and was highly complementary about the quality of service delivery provided.</p> <p>There is evidence of referrals to specialist services such as podiatry, physiotherapy, nutritional, district nurses and DHB nurse specialists. There is also evidence of community contact.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment and wound management plans were in place for eleven residents with wounds. One resident has non-facility acquired pressure areas on both heels. All wounds have been assessed, reviewed and managed</p>

		within the stated timeframes. On interview, the RNs and the clinical manager stated that they could access the DHB wound or continence specialist nurse if they assessed that this was required. There was evidence in files of the wound specialist referrals.
<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>Hillsborough has a full time (37.5 hours per week) activities coordinator working Monday to Friday. There are five volunteers who assist with some activities. All recreation/activities assessments and reviews are up-to-date. On the day of audit, residents were observed being actively involved with a variety of activities in the main lounge. Residents have a comprehensive assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family. The activities coordinator interviewed stated that they participate in multidisciplinary meetings. Activities are age appropriate and have been comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life. Activities include entertainers, crafts, exercise, singing groups, movies and weekly van outings to sites of resident interest (includes shopping trips and visits to local community connections). There are also visits from community groups. There is a garden group with access to an enclosed garden. There is a spa beauty room with a nail therapy and hand massage trolley, hairdressing and doll therapy corner. There is a theme allocated monthly and activities are planned around the theme. There is a cultural 'language phrase book' at front reception with common phrases in different languages for all people to learn and to refer to where necessary (link 1.1.6.2 CI). At the time of audit, the facility was celebrating 'Māori language week'. There is a 'smile annual plan' for all staff. There is an internal company magazine 'from the heart' shared by all.</p> <p>All family members interviewed, stated that activities are appropriate and varied enough for the residents. All eleven residents interviewed stated they were happy with the activities available and are given a choice regarding attendance.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The registered nurses evaluate all initial care plans within three weeks of admission. There was at least a three-monthly review by the GP. All changes in health status were documented and followed-up. Since 1 July 2015, reassessments have been completed using interRAI LTCF for all residents who have had a significant change in health status. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. The four LTCFs requiring review (two new admissions and one interim care resident had not been at the facility long enough to require review), evidenced at least six-monthly care plan reviews.</p>
<p>Standard 1.3.9: Referral To Other Health And</p>	FA	<p>The service facilitates access to other medical and non-medical services. Referral forms and documentation are maintained on resident files.</p>

<p>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>		<p>There is information available pre-admission and in the admission documentation on the health and disability code of rights, advocacy, health practitioners code of conduct and informed consent. Follow-up occurs as appropriate.</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 implemented policies and procedures for the disposal of waste and hazardous material. There is an accident/incident system for investigating, recording and reporting all incidents and forms are completed by staff. There were no incident/accident reports reviewed involving waste, infectious material, body substances or hazardous substances.</p> <p>There is an emergency plan to respond to significant waste or hazardous substance management.</p> <p>All chemicals sighted were appropriately stored in locked areas. Chemicals are appropriately labelled. Sufficient gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness, which expires in December 2017. Reactive and preventative maintenance is documented and implemented. Fire equipment checks are conducted by an external fire safety contractor. When an issue requiring maintenance is noticed, the maintenance person deals with the issue on the same day. The maintenance person is available from Monday to Friday. External contractors are engaged to complete work as required. A sample of hot water temperatures are taken monthly and these are maintained at (or just below) 45 degrees. When temperatures were observed to be outside acceptable range, corrective actions were initiated and corrected. Electrical testing and tagging had been completed February 2017. Medical equipment had been tested April 2017. The facility's amenities, fixtures, equipment and furniture are appropriate for the level of service contracted. There is sufficient space to allow residents to move around the facility freely. The hallways have hand rails and are wide enough for appropriate traffic.</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 two wings. All bedrooms have ensuites with the exception of seven rooms in one wing. There are adequate communal toilets/showers available. Each bathroom has a hand basin and communal toilets have privacy locks on the door. There are separate staff/visitors' toilets. Residents interviewed report their privacy is maintained at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is adequate space in all bedrooms for residents and staff. Caregivers confirmed they could move freely to provide cares and there is enough space to move mobility equipment safely. Doorways into residents' rooms and communal areas are wide enough for wheelchair, trolley and bed access. Eleven residents interviewed stated they are happy with their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining</p>	FA	<p>There is a spacious main lounge and dining area in the hospital. There are smaller lounge areas within the facility. Residents were seen to be moving freely throughout the facility. Residents can move freely from their bedrooms to communal rooms and the outside. Internal and external doorways are level with pavements, which allows wheelchair access. Activities occur in the main lounge and residents can access their rooms for privacy when required. Seating and space is arranged to allow both individual and group activities to occur. Residents stated that they are happy with the layout of the facility.</p>

needs.		
<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>There are cleaning policies and processes. There are sluice rooms in each wing for the disposal of soiled water or waste. On the day of the audit, these were locked when unattended. There are three part-time cleaners covering seven days a week. Cleaning trolleys are well equipped and stored in locked cleaners' cupboards. Cleaning schedules are maintained. All laundry is completed off-site. There is one laundry staff member employed full-time who is vital to the service in sorting and delivering clean laundry to individual residents. Cleaners and the laundry attendant have attended chemical safety training. Material safety datasheets are available.</p> <p>Personal protective equipment is available in the laundry, cleaning and sluice room. Staff were observed to be wearing appropriate protective wear. Residents and family members interviewed were happy with the cleaning and laundry services provided.</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>Fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training, emergency evacuation and security situations are part of orientation of new staff and ongoing training. Emergency equipment is available. A civil defence cupboard is available (sighted). There are spare blankets and alternative cooking methods if required (viewed). There is sufficient water stored in a tank and water bottles to ensure for three litres per day for three days per resident and staff.</p> <p>There is at least one staff member on duty at all times with a first aid certificate. All RNs have completed first aid training. The NZ Fire Service had approved the evacuation scheme.</p> <p>There are call bells in all communal areas, toilets, bathrooms and residents' rooms. Security policies and procedures are documented and implemented by staff. Visitors and contractors sign-in when visiting the facility.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe</p>	FA	<p>The facility has ceiling heating throughout communal areas and corridors. Each bedroom has an individual heating panel. All communal rooms and bedrooms are well ventilated and light. All bedrooms and communal areas have at least one external window. The indoor temperatures were pleasant and warm. Eleven residents interviewed stated the temperature of the facility is comfortable at all times.</p>

and comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description is available. There is a job description for the infection control nurse and clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system.</p> <p>The committee and the governing body is responsible for the development of the infection control programme and its review. The programme is reviewed annually at an organisational level.</p> <p>There is a monthly IC meeting and the RN and staff meetings also include a discussion and reporting of infection control matters and the consequent review of the programme. Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices.</p> <p>Bupa hold six-monthly benchmarking meetings and terms of reference are clearly documented. The facility has adequate signage at the entrance asking visitors not to enter if they have contracted or been in contact with infectious diseases. Communal toilets/bathrooms have hand hygiene notices. There is a staff health policy.</p>
<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>There are adequate resources to implement the infection control programme at Bupa Hillsborough. The infection control (IC) officer has maintained best practice by attending infection control updates through Bug Control and Bupa infection control training days. The infection control team is representative of the facility. The facility has access to professional advice within the organisation and has developed close links with the GPs, community lab, the infection control team, microbiologist and public health departments at the local DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p> <p>A registered nurse is the IC nurse and receives ongoing education and completed Bug Control training July 2017.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training and education of staff. The infection control policies link to other documentation and uses references where appropriate. Infection control policies are reviewed as part of the policy review process by Bupa. Input is sought from facilities when reviewing policies.</p>

prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>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 IC nurse ensures training is provided to staff. Informal education is also provided; availability of education was confirmed by caregivers interviewed. The orientation package includes specific training around hand washing and standard precautions. Training on infection control has been provided in 2017. Hand washing is an annual competency. Resident education is expected to occur as part of providing daily cares.</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 officer 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 the infection control practitioner at the DHB 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 officer. 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. Corrective actions are established where trends are identified.</p> <p>The service has used surveillance data to improve resident outcomes to a level that exceeds the required standard.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, the service had one hospital resident requiring the use of restraint (a fall out chair and bed rails); and three hospital residents requiring the use of an enabler (bedrails/low bed). Enabler use is voluntary.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator and for staff are documented and understood, confirmed in interviews. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator in partnership with the RNs, GP, resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>Ongoing consultation with the resident and family/whānau are evident. The file of the resident using restraint was reviewed. The completed assessment considered those listed in 2.2.2.1 (a) - (h).</p>

<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, family and the GP. The use of restraint is linked to the resident's restraint care plan and one care plan reviewed reflected the risks associated with the use of a chair harness and bed rail when in use. An internal restraint audit monitors staff compliance in following restraint procedures.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Consistent evidence to verify two hourly checks was sighted on the monitoring forms for one resident requiring the use of a restraint.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for residents requiring restraints and enablers.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are conducted three-monthly, evidenced in one resident file where restraint was in use. Restraint use and the evaluation of the continuing need for restraint of each resident using restraint, was evidenced discussed in the RN meeting minutes reviewed.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>The Bupa restraint minimisation programme is discussed and reviewed at a national level and includes identifying trends in restraint use, reviewing restraint minimisation policies and procedures and reviewing the staff education and training programme. The annual review for 2017 has not yet been disseminated to the facility from Bupa head office. The 2016 review of the restraint programme was sighted.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	Hillsborough has implemented the Bupa education programme. Additionally, specific training around identified areas of need or areas the service is desiring to improve is provided and toolbox talks are provided around specific needs. Four of the seven staff files sampled had a current performance appraisal.	Three of seven staff files sampled did not have a current performance appraisal.	Ensure all staff have a current performance appraisal completed. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.6.2 The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.	CI	The geographic location of Bupa Hillsborough and the reputation for positively addressing the needs of residents from diverse cultural backgrounds has led to the service having a high number of residents from diverse cultures with varied needs and specifically needs related to language.	<p>Following the 2016 resident survey the service identified that the response to the cultural needs of residents could be improved.</p> <p>A quality improvement plan was developed and implemented in consultation with staff, residents, families and the local community. Actions taken included the development of a simple phrase book for a variety of languages to assist staff to better communicate with residents and their families. Research was conducted with staff, residents and families to identify phrases that would be helpful to have in the phrase book. Additionally, incidents were closely monitored to identify incidents that potentially could have been prevented by better communication and to identify phrases to include in the book that may have prevented the incident. The phrase book was developed and there are copies of the book at the front entrance to the service and in the staff room. Staff interviewed reported using the phrase book to better communicate with residents of diverse cultures who did not speak English. A further intervention has been a focus on cultural days covering cultures of residents and staff at the service.</p> <p>The service also identified that many staff were not born in New Zealand and did not have a good understanding of the culture in which the residents at the service lived</p>

			<p>their childhoods and adult years. Training in New Zealand culture, with a focus on earlier decades, was provided for staff. Staff interviewed reported that this gave them a whole new understanding of residents and allowed them to converse and reminisce with residents about the past.</p> <p>As a result of these interventions, the resident survey showed an increase in satisfaction around the response to cultural needs from 54% rating this area as neutral or poor, in the 2016 survey to none rating the area as neutral or poor in 2017.</p>
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>There is a comprehensive quality and risk management process in place. Monitoring in each area is completed monthly, quarterly, six monthly or annually as designated by the internal auditing programme schedule.</p> <p>Audit summaries and action plans are completed as required depending on the result of the audit. Key issues are reported to the appropriate committee (eg, quality, staff, and an action plan) is identified. These were comprehensively addressed in meeting minutes sited.</p> <p>Benchmarking reports are generated throughout the year to review performance over a 12-month period. Quality action forms are utilised at Hillsborough and document actions that have improved outcomes or efficiencies in the facility. The service continues</p>	<p>Hillsborough is active in analysing data collected monthly, around accidents and incidents, infection control, restraint etc.</p> <p>Example: The Clinical Manager is active in analysing data collected around accidents and incidents. Falls incidents are analysed based on time, day, resident and staffing. The service has identified three residents who are at high risk of falls and they have a different call bell sound to alert staff if they are mobilising in the room. A quarterly analysis of these residents having high falls incidence included updated strategies and communicating these plans to RNs through RN meetings and via email. The clinical manager and RNs follow up the management plan and adjusts following the evaluation of the effectiveness. On evaluation of the effectiveness of these measures identified individual improvements.</p> <p>Quality action forms have also been implemented. Example includes; The service initiated a project around the improvement of recording, monitoring and assessment of residents having a fall. A set of forms are available in the neurological observation drawer which include: the policy post fall assessment and management showing the pathway of the monitoring, neurological observation sheet, physical assessment tool and falls risk assessment. This set of forms help guide the RN in assessing residents post fall in accordance to Bupa policy. This along with constant discussion during RN meetings has improved recordings and neurological observation and assessment post fall documentation.</p>

		<p>to collect data to support the implementation of corrective action plans. Responsibilities for corrective actions are identified.</p> <p>There is also a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected.</p>	
<p>Criterion 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	CI	<p>Staff at Bupa Hillsborough work closely with residents and families to ensure that they have all the information they need prior to and at the time of admission.</p>	<p>An information pack and booklet are utilised at Hillsborough to provide information to residents and families to support them in the transition into residential care.</p> <p>In 2015, it was identified in the resident survey that some residents felt they did not receive enough information about the hospital on admission. Much of the information on admission was provided verbally and residents and families felt they would benefit from more formally documented information to guide them with the important points to facilitate the transition into residential care.</p> <p>A conversation was held with new families, which identified that there was not a 'simple booklet' of information available to them to help support them in the transition. A draft booklet was then developed by the Hillsborough team in conjunction with feedback from families. The booklet was then given out to several different residents and families to gather their thoughts and feedback. The feedback was then incorporated into the first version, which was proof read by corporate office and sent to print. This booklet is placed in all rooms and is updated prior to each print run to reflect changes and any other relevant detail.</p> <p>The booklet and information contained was discussed and actioned through resident/relative meetings. Residents and families commented on its usefulness. Meeting minutes were documented and evidenced the booklet provided a good level of communication, which was of real benefit to new residents and families in supporting them through the transition into residential care. The implementation of this initiative has survey results showing that residents feel more enabled and involved in their daily living. There is improved resident-staff interaction, and the experience overall has given the residents the ability to develop friendships and</p>

			make their own choices.
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>Bupa Hillsborough is active in analysing data collected monthly, around (but not limited to) infection control, accidents and incidents and restraint and uses the data analysed to improve resident outcomes.</p>	<p>In 2016 there was a flu outbreak. The uptake for flu vaccination in 2016 was 67% and Hillsborough was concerned that the flu outbreak may discourage residents and staff from engaging in the 2017 flu vaccination programme.</p> <p>During the flu outbreak the clinical manager and care home manager met daily to discuss the number of residents and staff with flu symptoms. They reviewed isolation and personal protective equipment (PPE) requirements. They ensured affected residents were reviewed immediately and that all relevant parties were kept informed. A specific flu outbreak management plan was put in place, with the cooperation of the DHB, Public Health and GPs, with the aim of reducing the number of those affected by flu. The action plan included accurate and timely records that were kept of all residents or staff who reported flu like symptoms. The GP reviewed residents. Staff that called in with flu symptoms were asked to see their GP. Relevant swabs were taken from residents. Close contact with Public Health to monitor trend of influenza A was upheld.</p> <p>A debrief meeting was held once outbreak had resolved, to identify learning needs and any service gaps. Confirmation of 2016 strain to target vaccination was identified. Detailed records documented of all affected persons, was reviewed. The concern about uptake of vaccination in 2016 was discussed at residents' meetings and staff meetings. The uptake for flu vaccination in 2017 increased from 67% (2016) to 80%.</p> <p>The service continues to implement the flu vaccination and education programme.</p>

End of the report.