

Bupa Care Services NZ Limited - Remuera Care Home

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:	Remuera Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 October 2017 End date: 25 October 2017
Proposed changes to current services (if any):	
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

Remuera Care Home is a Bupa facility that provides rest home and hospital (geriatric and medical) levels of care for up to 44 residents. On the day of the audit there were 44 residents. The service is managed by a care home manager, who is a registered nurse (RN) and qualified and experienced for the role. The care home manager is supported by a clinical manager/RN. Residents and the GP interviewed spoke positively about the service provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The service has addressed two of three shortfalls from the previous certification audit around informed consent, and quality management processes. An improvement continues to be required around service delivery plans.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Policies are implemented to support residents' rights, communication and complaints management. Complaints and concerns have been managed appropriately and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys.

Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

A comprehensive education and training programme is implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support.

Continuum of service delivery

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

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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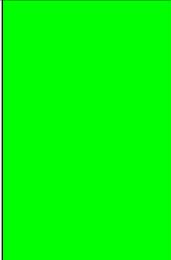
A current building warrant of fitness is posted in a visible location.

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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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were no residents using either restraints or enablers. Restraint management processes are available if restraint is used.

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 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	17	0	1	0	0	0
Criteria	0	41	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 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident on all five resident files reviewed. All resuscitation plans in resident files sampled evidenced that where the GP has signed as clinically indicated 'not for resuscitation, the GP has consulted with family. General consent forms were evident on files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal care, entering rooms and so on. Enduring power of attorney evidence is sought prior to or on admission and filed in the residents' records. This previous partial attainment has been addressed.</p> <p>Discussions with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is</p>	FA	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaint's register. No complaints have been lodged in 2017. Three complaints were reviewed for 2016, which included one complaint lodged through the DHB. All three complaints had a noted investigation,</p>

<p>understood, respected, and upheld.</p>		<p>timelines determined by HDC were met, and corrective actions (where indicated) were actioned and signed off as being implemented.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Eight residents interviewed (six rest home, two hospital) stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file. Fifteen incidents/accidents forms selected for review indicated that family were informed. Six families interviewed (four hospital, two rest home) confirmed they are notified of any changes in their family member's health status.</p> <p>A quality improvement was implemented to improve communication, ensuring the right information gets to the right person without delays. Strategies included regular RN meetings, weekly clinical meetings, and the use of a communication book and diary in the clinic room. Staff are sent texts to remind them of meetings, in-services, performance appraisals, etc.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</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>Remuera Care Home is part of the Bupa group of aged care facilities. The care facility has a total of 44 beds suitable for rest home and hospital levels of care. Hospital level of care is certified for geriatric and medical. During the audit there were 44 residents (27 rest home, 17 hospital). Twelve beds on the ground level are certified for dual-purpose. One resident (hospital level) was on both an ACC and Age-related residential care services agreement. Bupa's overall vision and values are displayed in a visible location. All staff are made aware of the vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan. There are documented quality/health and safety goals that are reviewed monthly and signed off when achieved.</p> <p>The care home manager is a registered nurse (RN) with fifteen years of aged care experience. Five years of management experience are with the Bupa organisation. She has been at this facility for over three years. She is supported by a clinical manager/RN who has been in her role since July 2016.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with the care home manager, clinical manager and seven staff (three caregivers, one staff RN, one cook, one diversional therapist, one activities coordinator) confirmed their understanding of the quality and risk management systems.</p> <p>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 - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures include reference to interRAI for an aged care service and meet current health and safety legislative requirements. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (e.g., falls, medication errors, wounds, skin tears, pressure injuries, complaints, challenging behaviours) are collated and analysed with results communicated to staff. Corrective actions are implemented where benchmarked data exceeds targets over a period of three consecutive months and for all category one incidents.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative. Areas of non-compliance include the initiation of corrective actions with sign-off by the care home manager when implemented. Quality and risk data is shared with staff via meetings and posting results in the staff room. Monthly staff meetings occur as per the meeting schedule. This previous area identified for improvement is being met by the service.</p> <p>The health and safety programme include two specific and measurable health and safety goals that are regularly reviewed. The health and safety team meet two monthly. Staff undergo annual health and safety training which begins during their orientation. All staff are provided with information about their responsibility under the Health Safety at Work Act 2015. A staff health and wellbeing programme (SMILE) is embedded into practice. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. Bupa facilities have been awarded ACC work safety management practice at a tertiary level (expiry 5 July 2018).</p> <p>A facility goal for 2017 has been established around reducing the number of falls to a level below the Bupa benchmark. A falls focus group has been established but has not yet begun meeting on a regular basis. Strategies are implemented to reduce the number of falls. This includes (but is not limited to) ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and intentional rounding. All residents have a transfer plan completed by a physiotherapist as part of their admission process. Interviews with the caregivers confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.</p>
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<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>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all fifteen accident/incident forms reviewed. Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to minimise the number of incidents. Clinical follow-up of residents is conducted by a registered nurse. Unwitnessed falls include neurological observations.</p> <p>Discussion with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. Examples were provided of authorities being notified following a respiratory outbreak in 2017 and a section 31 report being completed for one unstageable pressure injury. There have been no coroner's inquests.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resource management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Five staff files reviewed (four caregivers, one RN) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The education programme being implemented is extensive and includes in-service training, competency assessments, and impromptu (tool box) talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed their food safety training on-site. Chemical safety training is included in staff orientation and as a regular in-service topic.</p> <p>Four of six RNs have completed their interRAI training. In addition to in-house training, the care home manager, clinical manager and staff attend external training including sessions offered by the district health board. In addition to in-service education and training, a range of staff competencies are completed for applicable staff that include (but are not limited to) blood sugar levels and insulin administration, catheterisation for males and females, controlled drug administration, medication administration, manual handling, naso-gastric tube care, nebulisers, oxygen administration, restraint free environment, syringe driver, wound management.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place.</p> <p>In addition to the care home manager/RN and clinical manager/RN who work Monday – Friday, one RN is rostered 24 hours a day, seven days a week. The RNs work 12-hour shifts. The care home manager and clinical manager share on call when not available on-site.</p> <p>The facility covers two floors with an elevator placed in an accessible location. The ground floor (where 12 dual-purpose beds are located) included 17 hospital and 4 rest home residents. It is staffed with one RN 24/7 and sufficient numbers of caregivers (AM: two long shifts and two short shifts; PM: two long shifts; and night: one long shift).</p> <p>The first level is rest home level beds only with 23 residents. The RNs complete a minimum of two regular checks on the first level during each 12-hour shift. The first level is staffed with sufficient numbers of caregivers ((AM: two long shifts; PM: one long shift; and night: one long shift). Extra staff can be called on for increased residents' requirements.</p> <p>One activities staff is rostered full time (five days a week). An additional caregiver is rostered for activities on Saturdays and Sundays from 8am – 12pm. Separate cleaning and laundry staff are rostered.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were four residents self-administering medications at the time of audit. All four had signed informed consent forms and all medicines were stored safely. The service uses robotic packs and 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. Medications are securely and appropriately stored in the nurses' station. The medication fridges have temperatures recorded daily and these are within acceptable ranges.</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>Ten medication charts were reviewed (six rest home and four hospital). 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>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The service employs one full-time and one part-time cook and kitchenhands. All food services staff have completed training in food safety and hygiene and chemical safety. The full-time cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on-site. Meals are served from the bain marie. Residents eating in their rooms have meals delivered on trays with the food covered and kept warm. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge, food and freezer temperatures were monitored and recorded daily. These were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Supplements are provided to residents with identified weight loss issues. Special diets were noted on the kitchen noticeboard which is able to be viewed only by kitchen staff. The national Bupa six-weekly seasonal menus have been audited and approved by an external dietitian. 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>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Resident files sampled contained a long-term care plan that documented goals and interventions for identified needs. All five resident care plans were resident-centred and multidisciplinary. Family members interviewed confirmed care delivery and support by staff is consistent with their expectations. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved. There was evidence of service integration with documented input from a range of specialist care professionals including geriatrician, dietitian and podiatrist. Overall care plans reviewed were comprehensive, however, discrepancies were noted in aspects of one hospital level care plan. This partial attainment continues.</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 registered nurses complete care plans for residents. Progress notes in all five files sampled had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the registered nurse initiates a review and if required, GP or 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>One the day of audit there were eleven wounds for seven residents (six hospital and five rest home) documented for the rest home and hospital. The wounds included two skin tears, six skin carcinomas, one chronic ulcer and a bruise and a blister. All wounds have wound assessments, plans and ongoing evaluations completed. The registered nurse attends to the wound dressings, an assessment and evaluation is completed at each dressing</p>

		<p>change. Photographs are taken to reflect improvement or deterioration. All chronic wounds (ulcer and skin carcinomas) are documented in the long-term care plans with interventions for care staff around the dressing changes, signs and symptoms of infection, position changes and the like.</p> <p>Stocks of continence and dressing supplies are monitored by the RNs and ordered on a regular basis. Sufficient continence and dressing supplies are available. Registered nurses were able to describe access for wound and continence specialist input as required.</p> <p>Monitoring forms in use (sighted) include; fluid balance, continence diary, monthly blood pressure and weight monitoring, nutritional food and fluid monitoring record, two-hourly turning charts, and behaviour monitoring charts.</p> <p>Residents and families interviewed reported their needs were being met. There was clear documented evidence of relative contact following GP reviews, incidents, infections, care plan reviews or any changes to resident health status.</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 current part-time activities coordinator is mentoring a new full-time qualified diversional therapist. On or soon after admission, a social history is taken and information from this is fed into the care plan. 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. The activities coordinator has a first aid certificate and first aid training is scheduled for the diversional therapist. An activities plan is completed within timeframes, a monthly record of attendance to activities is maintained and evaluations are completed six-monthly. A monthly activities programme is given to all residents, and is displayed on noticeboards throughout the facility. There are general activities for all residents to join in and activities for more able residents.</p> <p>The integrated programme for rest home and hospital level of care residents takes place in both areas. There are resources available for care staff to use for one-on-one time with residents. 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. Residents interviewed stated they feel the activities are very good, and they are kept as busy as they want to be.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are</p>	<p>FA</p>	<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 clinical manager, RN, GP, 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</p>

<p>evaluated in a comprehensive and timely manner.</p>		<p>practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews.</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 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is posted in a visible location (expiry 25 June 2018).</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>	<p>FA</p>	<p>The infection control programme 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. Individual infection report forms are completed for all infections. This is kept as part of the resident files. 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. The infection control programme is linked with the quality management programme. Benchmarking occurs against other Bupa facilities. The service is currently changing over to the Riskman electronic reporting system.</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 has been one respiratory outbreak reported since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraints or enablers.</p> <p>The clinical manager is the restraint coordinator. She understands strategies around restraint minimisation and reports that she has been able to maintain a restraint-free environment since she has been in her role (July 2016).</p>

that the use of restraint is actively minimised.		Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on RMSP/enablers has been provided. Restraint is discussed as part of staff meetings and in separate (six-monthly) restraint meetings.
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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 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	Residents are assessed by the RN on return from hospital and short-term care plans implemented to include goals, risks and interventions. In four of five files sampled, the care plan documented interventions to meet all the residents assessed needs.	One of five files (hospital level care) was not reviewed on return from hospital to include risks associated with warfarin administration	<p>Ensure all changes and residents risks are documented in care plans</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.