

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

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## 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Bethesda Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 13 November 2017    End date: 13 November 2017
<b>Proposed changes to current services (if any):</b>	This audit has assessed the service as suitable to provide residential disability (physical) level of care.
<b>Total beds occupied across all premises included in the audit on the first day of the audit: 83</b>	



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Bethesda Home and Hospital is part of the Bupa group. The service provides rest home and hospital (geriatric and medical) level care for up to 91 residents. On the day of audit there were 83 residents.

This surveillance audit was conducted against a subset of the relevant Health and Disability Standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of resident's and staff files, observations and interviews with residents, staff and management. This audit also included assessing the service as suitable to provide residential disability (physical) level of care.

An experienced care home manager (registered nurse (RN)) manages the service. She is supported by a clinical manager, rest home and hospital unit coordinators and the Bupa regional manager. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place. The shortfalls identified at the previous audit around aspects of informed consent have been addressed.

This surveillance audit identified improvements required around aspects of wound documentation, care plans and interventions.

The service has continued to exceed the required standard around implementation and review of service delivery goals and the activities programme.

## 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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Bethesda residents and relatives are kept well informed at an organisational and facility level. Relatives interviewed confirmed they were well informed of incidents/accidents and changes of health status. The complaints procedure is provided to residents and relatives as part of the admission process. Information is also posted on noticeboards around the facility. There is a complaint register that is up-to-date and includes relevant information regarding the complaint. Documentation including follow-up letters and resolution demonstrates that complaints are well managed.

Residents are supported to complete an advance directive around resuscitation if they are competent to do so. Files contained evidence of discussion with the family if the GP made a clinically indicated not for resuscitation order.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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Bethesda has an established quality and risk management system that supports the provision of clinical care and support. Quality and risk performance is reported across the facility meetings and to the organisation's management team. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Corrective action plans are established when incidents are above the benchmark. An annual

resident/relative satisfaction survey is completed and there are regular resident/relative newsletters.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice.

There is an in-service training programme covering relevant aspects of care and support and the requirements.

The organisational staffing policy aligns with contractual requirements and includes skill mixes. The roster is based on the safe indicators for aged care and includes registered nurse cover 24 hours a day, seven days a week.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The care plans are reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified 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 team implements the activity programme to meet the individual needs, preferences and abilities of the residents. 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. Residents' food preferences and dietary requirements are identified on admission and all meals 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.
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Bupa Bethesda has a current warrant of fitness that expires in January 2018.

## 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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There are clear guidelines in policy to determine what a restraint is and what an enabler is. The service has a restraint register and a separate enabler register. The service has three lap belts and one bedrail enabler on the enabler register. Enablers are assessed as required for maintaining safety and independence. Enablers are used voluntarily. There were no residents using restraints. Training has been provided around restraint, enablers and challenging behaviours.

## Infection prevention and control

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

Standards applicable to this service fully attained.

The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections, which have been completed in 2017 as per internal audit schedule.

Quality improvement initiatives are taken and recorded as part of continuous improvement. Documentation covers a summary, investigation, evaluation and action taken.

## 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)
<b>Standards</b>	2	14	0	0	1	0	0
<b>Criteria</b>	2	37	0	0	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Completed resuscitation treatment plan forms were evident in all six resident files reviewed (three rest home and three hospital). These included documented evidence of general practitioner (GP) or clinical manager and family discussion regarding a clinically 'not indicated' resuscitation status. The previous shortfall has been addressed.
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is	FA	The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the care manager using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner.  Discussions with the residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms, and a suggestions box are in a visible location at the entrance to the facility.

<p>understood, respected, and upheld.</p>		<p>Four complaints received in 2017 and four from 2016 were reviewed with evidence of appropriate follow-up actions taken. There has been one health and disability complaint which is ongoing. A coroner's case closed in August 2017, resulted in changes to policy and care plan interventions.</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>Staff interviewed; one clinical manager, one care home manager, four registered nurses including one-unit coordinator, (two hospital RNs, and one rest home RN) and four caregivers (two rest home and two hospital) showed understanding of open disclosure. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Families often give instructions to staff regarding what they would like to be contacted about and should an accident/incident of a certain type occur. This is documented in the resident files. Ten accident/incident forms reviewed identified family are kept informed. All nine residents interviewed (two hospital and seven rest home level) said there were regular meetings and that communication with staff was good. The four families interviewed (all hospital level) stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance. The communication needs of younger residents are identified and met.</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>CI</p>	<p>Bethesda Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 91 residents at hospital (medical and geriatric) and rest home levels of care. On the day of the audit there were a total of 83 residents. This audit also included verifying the service as suitable to provide residential disability care - physical.</p> <p>On the day of the audit there were 46 of 46 residents receiving rest home level of care. This included one on a 'younger persons with disabilities' (YPD) contract, one resident half funded under a YPD contract and half by ACC, two residents on respite care and four residents on long-term support – chronic health conditions contract. There were 37 of 45 residents receiving hospital level care including one on respite care, two on long-term support – chronic health conditions contracts and three on YPD contracts.</p> <p>The service is divided into two separate rest home and hospital wings. There are no dual-purpose beds.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. The service has retained a continuous improvement rating around interventions to achieve the facility's annual goals.</p> <p>Bethesda have an experienced facility manager (RN) that has managed in aged care for a number of years. The manager is supported by an experienced aged care clinical manager (RN) who has been in the role for the last</p>

		<p>three years. The management team is also supported by two unit-coordinators (RNs) in rest home and hospital. There are job descriptions for the management team that include responsibilities and accountabilities. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual organisational forums and regional forums six monthly. The manager and clinical manager have maintained at least eight hours annually of professional development activities related to managing a hospital.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Bethesda continues to have an implemented quality and risk management system. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks demonstrate a culture of quality improvements. Quality and risk performance is reported across the facility meetings, through the communication book, staff noticeboard and to the organisation's management team. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are policies and procedures appropriate for service delivery including the specific needs of younger people.</p> <p>Riskman has recently been implemented by Bupa which is an electronic data collecting system. All incidents, complaints, infections, pressure injuries, falls, category one incidents are completed on the online system. Reports are automated and further analysis is completed of those reports. Bethesda reports, analysis and consequent corrective actions were sighted.</p> <p>The service also communicates this information to staff and at relevant other meetings so that improvements are facilitated. Weekly and monthly manager reports include complaints.</p> <p>There is a Bupa health and safety plan for 2017 with objectives that include the SMILE programme (for staff) and a reduction by 10% in staff injury (these have been implemented and progress regularly evaluated over 2017 at Bethesda). The health and safety committee meet monthly and is also an agenda item at the quality committee. Health and safety and incident/accidents, internal audits are completed. Staff and resident health &amp; safety incidents are forwarded to the Bupa H&amp;S coordinator. Any serious incident at any facility is reported to all Bupa facilities as memos/warnings, which include a corrective action plan. These were sighted as actioned at Bethesda. Annual analysis of results is completed and provided across the organisation.</p> <p>The internal audit schedule continues to be implemented. Audit summaries and action plans are completed where a noncompliance is identified. Annual resident and family surveys are analysed, and results communicated to Bupa head office, staff and residents through meetings, reports and newsletters. Surveys include young people with disabilities around issues relevant to this group.</p>
<p><b>Standard 1.2.4: Adverse Event</b></p>	FA	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used</p>

<p>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>for comparative purposes. Ten (six rest home and four hospital) accident/incident forms were reviewed. Each event involving a resident, reflected a clinical assessment and follow-up by a registered nurse (including monitoring such as neurological observations when indicated). Incidents are benchmarked and analysed for trends for each unit. Minutes of the quality meetings, staff and H&amp;S meeting reflect a discussion of results.</p> <p>The managers were aware of their requirement to notify relevant authorities in relation to essential notifications. An appropriate section 31 notification was made following a pressure injury development.</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>Six staff files sampled (one-unit coordinator, one registered nurse [night RN], two caregivers, one catering supervisor, and one activities coordinator) included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The comprehensive orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. Completed orientation booklets are on staff files. Staff interviewed (six caregivers and four registered nurses including one-unit coordinator) were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. All staff files included a personal file checklist.</p> <p>A register of practising certificates is maintained at facility level and website links to the professional bodies of all health professionals have been established and are available on the Bupa intranet (quality and risk/links).</p> <p>There is an annual education and training schedule that is being implemented. In addition, opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board. Additional training is also offered in relation to new client needs. Discussion with staff and management confirmed that a comprehensive in-service training programme in relevant aspects of care and support is in place. A competency programme is in place with different requirements according to work type (eg, caregiver, registered nurse, cleaner). Core competencies are completed annually, and a record of completion is maintained - signed competency questionnaires sighted in reviewed files.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The clinical manager is on-call after hours with other registered nurses. The care home manager and clinical manager are available during weekdays. Adequate RN cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers' support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p>

<p>timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>Hospital residents (37 current residents)</p> <p>AM shift – unit coordinator or clinical lead (RN) Monday – Friday and two RNs for eight hours. Eight caregivers (four long-shift, four short-shift).</p> <p>PM shift – one clinical lead (RN), and one RN for eight hours. Six caregivers (three long-shift, three short-shift).</p> <p>Night shift - one clinical lead (RN), one RN and one caregiver</p> <p>Activity person – Monday – Friday – two staff 10.00 am – 4.30 pm plus Wednesday one additional staff 10.00 am – 5.00 pm spread across both service levels.</p> <p>Physiotherapy assistants – Monday and Tuesday 10.00 am – 4.30 pm, Wednesday – Friday total of 22 hours per week.</p> <p>Rest home residents (46 current residents)</p> <p>AM shift – unit coordinator or clinical lead (RN) Monday – Friday and one RN for eight hours Monday - Sunday; four caregivers (two long-shift, two short-shift).</p> <p>PM shift – one clinical lead (RN), three caregivers (two long-shift, one short-shift).</p> <p>Night shift – one clinical lead (RN) shared with staffing is as follows: two caregivers.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service utilises two-weekly robotic packs. There is a medication room in the hospital and locked cupboard in the rest home nurses' office. All medications were securely and appropriately stored. Registered nurses or senior caregivers, who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, subcut fluids, blood sugars and oxygen/nebulisers. Medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Staff sign for the administration of medications on medication sheets held with the medicines and this was documented and up-to-date in all 12-electronic medication signing sheets reviewed. The medication folders include a list of specimen signatures and competencies.</p> <p>Electronic medication profiles reviewed were legible, up-to-date and reviewed at least three monthly by the GP. All medication charts reviewed have 'as needed' medications prescribed with an individualised indication for use. The medication fridge has temperatures recorded daily and these are within acceptable ranges. On the observed medication round, medication administration charts were signed as medication was administered.</p> <p>Ten rest home level residents self-medicate, and all have a safe place in their rooms to store medication and a current competency assessment to ensure their ability to self-medicate. Younger residents are supported to self-</p>

		medicate if able. None were competent to do so at the time of the audit.
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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 has a large workable kitchen. There is a preparation area and receiving area. Kitchen fridge, food and freezer temperatures are monitored and documented daily. There are a number audits completed including; a) kitchen audit, b) environment kitchen, c) catering service survey, and d) food service audit. Internal audits reviewed included implemented action plans, where required.</p> <p>Residents' food preferences are identified on admission. This includes consideration of any particular dietary preferences or needs (including cultural needs). Likes and dislikes are kept in the kitchen. Advised that residents can have breakfast in their room. The cook described a variety alternatives that are provided if a resident does not like a food, has an allergy or specific dietary need or would simply like something other than the meal being served.</p> <p>All family members and residents interviewed were complimentary about the food service.</p> <p>The national menus have been audited and approved by an external dietitian. All kitchen staff have completed food safety education.</p> <p>All staff have had the opportunity to attend nutrition related education. Meals are transported to dining rooms in bain maries. The care staff have access to a microwave in the dining room where they can reheat the meal if the resident is not satisfied with the temperature.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Moderate	<p>Five of six resident files sampled included a long-term care plan and one of the four contained interventions for all identified resident needs. The respite resident had a short-term care plan but not all identified needs were addressed. Interview with one GP evidenced that care provided is of a high standard and GPs are kept informed. Family members interviewed stated care and support is good and that they are involved in the care planning.</p> <p>Caregivers and RNs interviewed stated, there is adequate equipment provided, including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place, but not always for each individual wound, not always signed off by a registered nurse and not all were reviewed in the correct timeframe. There were 16 wounds at Bethesda at the time of the audit including one unstageable pressure injury. Wound documentation included the involvement of the wound nurse specialist where appropriate.</p> <p>Staff reported that they have all required equipment including pressure relieving equipment. Access to specialist advice and support is available as needed. Care plans sampled documented allied health input.</p> <p>Monitoring charts were being used at Bethesda and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts, behaviour monitoring integrated with the care plans. All except turning charts identified that required monitoring is occurring.</p>

<p><b>Standard 1.3.7: Planned Activities</b></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>CI</p>	<p>Bethesda employs one trained diversional therapist and an activities assistant, who job share, working three days each, each week, and one other activities assistant, who works Monday to Friday and every third weekend, to provide an activities programme over six days. They are supported by the Bupa occupational therapist, based in Christchurch. The programme is meaningful and reflects ordinary patterns of life. The programme is developed monthly and displayed in large print. Residents have a complete assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career, family etc. and information from this is fed into the lifestyle plan.</p> <p>A record is kept of individual resident's activities. There are recreational progress notes in the resident's file that the activity staff completes for each resident every month. Each resident has a 'map of life'. The resident/family/whānau, as appropriate, is involved in the development of the activity sections of the care plan. Long-term resident files reviewed identified that the activity section of the care plan is reviewed when the care plan is reviewed.</p> <p>A number of activities are provided to meet the needs of the younger residents. These include (but are not limited to): supporting residents to access the community independently or with family and friends, supporting one resident around computer use and ensuring there is Wi-Fi available as they are very active on social media, providing music and movie activities/outings, taking the residents out for lunch, or out for coffees, and providing one-to-one interventions to ensure needs are met.</p> <p>The service has an ongoing aim around offering more meaningful activities. This has resulted in the continuation of the previous continuous improvement rating.</p> <p>Families and residents interviewed reported an active life with a strong and enjoyable activities programme available.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Long-term care plans reviewed had been evaluated by registered nurses' six monthly, or when changes to care occurred. 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 (link 1.3.6.1). The multidisciplinary review involves the RN, GP, activities staff and resident/family. The family are notified of the outcome of the review by phone call or email and if unable to attend, they receive a copy of the reviewed plans. There is at least a three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>
<p><b>Standard 1.4.2:</b></p>	<p>FA</p>	<p>The service displays a current building warrant of fitness which expires in January 2018. Regular and reactive</p>

<p>Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>maintenance occurs.</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 surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Individual infection report forms are completed for all infections. This is kept as part of the resident files. From 1 November, all infections have been entered into BUPAs new electronic system 'Riskman'. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. There is close liaison with the general practitioners and southern community laboratory that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Infection control data is collated monthly and reported at the quality and staff meetings. Benchmarking occurs against other Bupa facilities. The infection control programme is linked with the quality management programme. The results are subsequently included in the manager's report on quality indicators. Quality improvement corrective action plans have been implemented throughout the year where indicators are above the benchmark (sighted for UTIs).</p> <p>There have been three outbreaks (two gastrointestinal and one respiratory) reported since the previous audit. Outbreak meetings were held during this time, a special report was completed, and toolbox talks were provided for staff. All outbreaks were well managed and resolved.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint policy is in place. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes comprehensive restraint procedures. The process of assessment and evaluation of enabler use is the same as a restraint and included in the policy. The service has three lap belts and one bedrail enabler on the enabler register. Two files sampled for residents with enablers demonstrated that enabler use is voluntary. The service has limited restraint use over recent years and is currently restraint free. Training has been provided around restraint, enablers and challenging behaviours.</p>



## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>Staff interviewed at Bethesda were familiar with the identified needs and cares required for residents, including the respite resident, despite not all current needs being documented in care plans. Staff were also confident that two hourly turns occur as required, but that these are sometimes not documented. The registered nurses interviewed were aware of the need to check and countersign any assessments and plans, including for wounds, that are completed by an enrolled nurse, and the requirements for wound documentation and timely reviews despite these not having always occurred.</p>	<p>(a) Shortfalls around wound management were as follows: (i) Two wound assessments, plans and reviews had more than one wound included. (ii) One complex wound had been assessed by an enrolled nurse with no registered nurse check and sign off. (iii) Four of 15 wounds had not been reviewed in the required timeframes.</p> <p>(b) Five of six care plans sampled did not have documented interventions to address all identified needs. Examples included aspiration risk, aggression, aphasia, impaired hearing, daily skin</p>	<p>(a) (i) Ensure each wound has an individual assessment, plan and reviews. (ii) Ensure wound assessments and plans are checked and signed off by a registered nurse. (iii) Ensure wounds are reviewed within the required timeframes.</p> <p>(b) Ensure care plans include interventions to address all identified needs for each resident.</p> <p>(c) Ensure regular</p>

			<p>moisturising, pain, specific foot cares, dyspnoea and the use of oxygen.</p> <p>(c) Two of two turning charts sampled did not consistently document the assessed turning regime.</p>	<p>turns are completed and documented as determined in the resident's care plan.</p> <p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	CI	<p>Bethesda continues to develop facility goals to improve resident outcomes, and to develop and implement plans to achieve the goals, and to evaluate and review outcomes of the plans.</p>	<p>Bupa Bethesda is active in identifying annual goals to improve outcomes for residents, and in implementing and monitoring these.</p> <p>Example: A quality goal for 2017 was implemented to reduce falls by 30%. A plan to achieve this was developed and implemented and reviewed at each quality meeting.</p> <p>On evaluation of the effectiveness of these measures, the facility goal has been achieved, as falls have significantly reduced by 48% and have exceeded the goal to reduce the fall rate by 30% for 2017 (YTD). The falls in the hospital area have reduced to four for the month of October. This is significantly lower than rates at corresponding times last year.</p>

<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>On the day of audit, residents in all areas were observed being actively involved with a variety of activities. Residents and family interviewed were satisfied with the activities programme and the recent extension of activity hours over the weekends. The Bupa activities programme template is designed for high end and low end cognitive function and caters for individual needs. The programme is developed monthly and is displayed in large print. Residents have an assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career, family etc. Resident files reviewed identified that the individual activity plan is reviewed at least six monthly. Wi-Fi is available for all residents.</p>	<p>The activities staff identified that there were several residents that enjoyed reading and developed a plan to introduce a book club to encourage cognitive stimulation, conversation, to engage new residents around a focussed topic and to engage younger residents by including magazines, and from time-to-time, discussion around DVDs or music. It was planned that this would complement the existing in-house library service.</p> <p>The activity has been introduced and involves a 'book club' meeting prior to the time to exchange library books. Any book, magazine, DVD or music that any resident that attends has enjoyed or heard, is discussed and recommended to other residents who can then request it from the library. This has encouraged residents to learn more about the interests of other residents, and residents, while retaining the choice to exchange books as previously, now frequently request an item that they may have seen or heard about through the book club. Book club meetings are held fortnightly.</p> <p>When the book club was initially introduced three months prior to the audit there were five residents that attended. At the time of the audit there were 15 attending, and new residents often joined in. In addition to this family members are invited to, and join in with the book club.</p>
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End of the report.