

Bupa Care Services NZ Limited - ParkHaven Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: ParkHaven Hospital

Services audited: Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Residential disability services - Physical; Residential disability services – Sensory

Dates of audit: Start date: 8 November 2017 End date: 9 November 2017

Proposed changes to current services (if any): The service is also certified for Hospital services – geriatric level care which is not listed in the 'Services audited' table above.

Total beds occupied across all premises included in the audit on the first day of the audit: 72



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Parkhaven Hospital is part of the Bupa group. The service is certified to provide hospital (medical and geriatric), mental health hospital, psychogeriatric and residential disability (intellectual, physical and sensory) level care for up to 84 residents. On the day of the audit, there were 72 residents.

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

An experienced care home manager is supported by a clinical manager and Bupa operations manager. Feedback from residents and relatives was positive about the care and services provided. An induction and in-service training programme is provided.

Five of six shortfalls identified in the previous audit, around staff training, interventions, medication prescribing, restraint and infection control surveillance have been addressed. An improvement continues to be required staffing.

This audit has identified one area for improvement around medication documentation.

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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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 and concerns have been managed 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.		Some standards applicable to this service partially attained and of low risk.
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A clinical manager/registered nurse and a Bupa operations manager support the care home manager. The quality and risk management programme includes a service philosophy, goals and a quality planner. Quality activities are conducted, which generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. There are resident meetings and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. A comprehensive education and training programme has been implemented with a current plan in place. Appropriate employment processes are adhered to. Staffing is flexible to meet the needs of the residents.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrate service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioners (GP) and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for the administration of medicines and complete education and medication competencies.

The activities coordinator and the activities assistants implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on-site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. There are snacks available.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness.

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 eight residents with restraint and five residents with an enabler. Environmental restraint is appropriately used in the mental health and psychogeriatric wings. Restraint management processes are adhered to.

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 type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	2	0	0	0
Criteria	0	48	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The organisation has a complaints policy that describes the management of the complaints process. Complaints forms are available. 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 complaints' register where verbal and written complaints are documented. All complaints have noted investigation, timelines, corrective actions when required and resolutions. Complaints are linked to the quality and risk management programme.</p> <p>Four complaints lodged in 2017 YTD were thoroughly investigated and feedback provided to the complainant within the required timeframes. An advocate from aged concern was arranged by Parkhaven to support one resident with a more serious complaint. Following complaints received, corrective actions were established and implemented around manual handling, continence management, and short-term plans and have been embedded into practice.</p> <p>Discussions with residents (six – two younger persons with disabilities (YPD) and four hospital level) and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
Standard 1.1.9:	FA	Policies and procedures relating to accident/incidents, complaints and open disclosure policy, alert staff to their

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in resident files. 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 (nine – two hospital, three mental health and four psychogeriatric) 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. Currently staff and families provide interpreter services. The information pack is available in large print and is read to residents who require assistance. Staff were observed interacting with younger residents with communication needs and explained to staff how to implement communication strategies to enable them to interview a resident.</p> <p>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>A newsletter is published to keep families informed of happenings at Parkhaven.</p> <p>There is a specific 'Introduction to the psychogeriatric unit' booklet providing information for family, friends and visitors to the facility included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Parkhaven is part of the Bupa group. The service is certified to provide hospital (medical and geriatric), mental health hospital, psychogeriatric and residential disability (intellectual, physical and sensory) level of care for up to 84 residents.</p> <p>On the day of the audit there were 72 residents living at the facility. Forty-five residents in two hospital wings included six residents on a young person with disability (YPD) contract, four residents on a long-term chronic conditions (LTCC) contract and two residents funded by ACC. There were six residents in the mental health (MH) unit and twenty-one residents in the psychogeriatric (PG) unit, which included one resident on a LTCC contract. There were no residents at an intellectual or sensory disability level of care. Twenty-five residents were enrolled in the day care programme, which is run by the activities staff (not reviewed as part of this audit).</p> <p>There is an overall Bupa business plan and risk management plan. Parkhaven has identified specific and measurable quality goals for 2016 in their annual quality plan. Progress reports are reported quarterly on goal achievement.</p> <p>The care home manager (non-clinical) has been a Bupa manager for seven years and has been managing Bupa Parkhaven for three and a half years. A clinical manager/registered nurse (RN) and a Bupa operations manager support her. The clinical manager has eight years' experience as an RN and has been in the position for six</p>

		<p>months, having previously worked at another Bupa facility. She is supported by two unit-coordinators/RNs.</p> <p>The manager and clinical manager have undertaken a minimum of eight hours of professional development over the past 12 months relating to the management of an aged care service.</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 2017 quality and risk management programme is in place. Interviews with the care home manager, clinical manager and staff (three registered nurses, two from the hospital and one from the mental health/psychogeriatric wings, six caregivers, four from the hospital and two that work across the mental health/psychogeriatric wing, four activities staff and the cook) reflected their understanding of the quality and risk management systems put into place.</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. Policies relevant to the younger residents are also included. A document control system is in place. Policies are regularly reviewed. Policies and procedures are being updated to include reference to interRAI for an aged care service. New policies or changes to policy are communicated to staff, evidenced in staff meeting minutes.</p> <p>Data collected (eg, falls, medication errors, pressure injuries, wounds, skin tears, challenging behaviours, complaints) are collated and analysed with results communicated to staff via meetings and on staff noticeboards. Quality initiatives have been implemented including (but not limited to) to reduce bruising and reducing behaviour incidents.</p> <p>Internal audits are completed as per the internal audit schedule. Any area of non-compliance includes the implementation of a corrective action plan with sign-off by the clinical manager and/or care home manager when implemented. Internal audit results and corrective actions are communicated to staff.</p> <p>The health and safety programme at Bupa Parkhaven includes a trained health and safety officer who is supported by the care home manager. Annual health and safety goals are in place with quarterly reporting to head office on progress being made. Staff undergo annual health and safety training. They are encouraged to enrol in the Bupa Bfit programme. The health and safety committee meet two-monthly. Contractors require induction into the facility and sign a health and safety form when this has been completed. The health and safety policy is currently under review by the Bupa head office to ensure that it complies with new legislative requirements.</p> <p>Falls prevention strategies include a comprehensive investigation of residents' falls on a case-by-case basis to ensure that strategies to reduce falls have been implemented. Other strategies include the use of sensor mats and low beds. Residents at risk of falling are monitored with greater frequency.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>An accidents and incidents reporting policy is being implemented. Twelve accident/incident forms were randomly selected for review. A registered nurse and the clinical manager investigate all clinical events. Accident/incident forms with a suspected injury to the head included two-hourly neurology observations.</p> <p>Adverse events are trended and analysed and are discussed with staff. Staff interviewed confirmed that they are kept well informed about accidents/incidents in a variety of ways (eg, meetings, toolbox talks, handovers, and noticeboards). There is evidence to support actions are undertaken to minimise the number of adverse events.</p> <p>Discussions with the care home manager and clinical manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. Appropriate section 31 notifications have been made for two pressure injuries, one resident absconding from the psychogeriatric unit and a planned seven-day power outage.</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 that includes the recruitment and staff selection process. There are relevant checks completed to validate the individual's qualifications, experience and veracity. Copies of current practising certificates are retained for all health professionals. Six staff files were reviewed (two registered nurses (including one unit-coordinator), two caregivers, one cook and one activities assistant). Reference checks are completed before employment is offered. All staff files sampled had a current performance appraisal – this is an improvement since the previous audit.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme is being implemented which is supplemented with impromptu toolbox talks during staff handovers and staff regularly completing competency questionnaires. Caregivers are encouraged to complete an aged care education programme. All of the 18 staff working in the psychogeriatric unit have completed the required NZQA dementia standards or an equivalent qualification. This is an improvement since the previous audit. The two activities staff that work in the dementia unit have also completed dementia training. A diversional therapist based at a nearby Bupa facility provides support and guidance to the activities team.</p> <p>The registered nursing staff attend external training provided by the organisation and the DHB.</p> <p>A range of in-services have been provided in relation to residential disability services including (but not limited to) suicide prevention, sexuality and intimacy, cultural competency and advanced nursing practice.</p>
<p>Standard 1.2.8:</p>	<p>PA Low</p>	<p>The staffing policy describes staff rationale and skill mix. The clinical manager and two unit-coordinators (one</p>

<p>Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>hospital wing and one psychogeriatric (PG) and mental health (MH) garden wing) are registered nurses who work Monday through Friday.</p> <p>A minimum of one registered nurse is rostered to work in the hospital 24/7 and another in the garden wing 24/7, which includes MH and PG residents. However, the RN in the garden wing is not always mental health qualified. The previous shortfall around qualified staffing is not yet fully addressed.</p> <p>Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<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>	<p>FA</p>	<p>In relation to mental health services provided, residents in the mental health unit are all assessed as requiring a secure mental health unit providing 24-hour care. Residents are not usually discharged home but do move to lower levels of care if reassessed. If a resident transfer's to the unit, detailed information is provided. Usually this occurs within the facility and the entire resident file moves with the resident.</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>PA Low</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. There are standing orders, and these meet legal requirements. There are no vaccines stored on-site.</p> <p>The facility uses a robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Registered nurses administer medications in all units. Staff attend annual education and medication competency is checked annually. Registered nurses have syringe driver training completed by the hospice. The medication fridge temperature is checked weekly. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on an electronic system. Twelve medication charts were reviewed (six hospital - including one ACC and one young person with a disability, two mental health and four psychogeriatric - including one long-term chronic care condition. Medications are not always reviewed three monthly by the GP. There was photo ID. Allergy status was not always recorded. 'As required' medications had indications for use charted. A previous finding around 'as required' medications not having indications for use has now been addressed.</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>	<p>FA</p>	<p>The service has a head cook and two kitchenhands who cover the week among them. All have current food safety certificates. The head 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 directly from a 'hot boxes' in all dining rooms. Special equipment such as lipped plates are available. 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 and freezer temperatures are monitored and recorded weekly. Food temperatures are checked, and 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. Special diets and likes and dislikes were noted on a kitchen noticeboard. The four-weekly menu cycle is approved by a dietitian. There are snacks available 24 hours a day in all units. Residents and families interviewed were satisfied with the food. They enjoy the cultural food days.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Three of three mental health resident files reviewed (the sample was extended by one file around care plans and early warning signs and relapse prevention plans) had a documented 'dementia specific' plan that identified early warning signs and relapse-prevention strategies. Both files documented that families are involved in care planning, and care and support. The previous shortfall has been addressed.</p> <p>Each of the three files had a care plan that had been developed with input from the family that included detail sufficient to guide caregivers around current needs.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition changes the registered nurse initiates a GP consultation. Staff state that they notify family members about any changes in their relative's health status. All care plans sampled including the long-term chronic conditions, had interventions documented to meet the needs of the resident. Care plans have been updated as residents' needs changed.</p> <p>Resident falls are reported on accident forms and written in the progress notes. The mental health and psychogeriatric units have a psychiatric nurse visit weekly and the unit coordinator is trained and experienced in providing mental health care. A psychiatrist also visits the mental health unit and psychogeriatric service for scheduled reviews and more often if required. The mental health resident whose file was reviewed receives appropriate care.</p> <p>Care staff interviewed state there are adequate clinical supplies and equipment provided including continence and wound care supplies and these were sighted.</p>

		<p>Wound assessment, wound management and evaluation forms are in place for all wounds. Wound monitoring occurs as planned. There are currently 17 wounds including five pressure injuries being treated. One wound has had input from the GP. One pressure injury has had input from the GP, wound care nurse and vascular clinic.</p> <p>Monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are utilised for any residents that exhibit challenging behaviours and behaviour plans are put in place.</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 activity team provides individual and group activities in the hospital, psychogeriatric and mental health units. There is an activities coordinator who works 40 hours a week. There are two activity assistants in the hospital – one works 40 hours a week and one works 35 hours a week. There is another hospital activity assistant who also drives the mini-van and acts as an escort. There are two activity assistants covering the mental health and psychogeriatric units. One works 40 hours a week and the other 35 hours a week.</p> <p>The programmes in the mental health and psychogeriatric units are flexible, according to residents needs and include a significant number of 1:1 activities. These units also have documented programmes provided for staff to implement when the activities staff are not present. Activities staff have scheduled times to provide 1:1 care for residents who are not able to or do not wish to engage in the group activities.</p> <p>The service also receives feedback and suggestions for the programmes through surveys and one-on-one feedback from residents (as appropriate) and families.</p> <p>The activities coordinator has almost completed the diversional therapy course and in the meantime, is supervised by the organisation's diversional therapist. On the days of audit residents were observed participating in exercises, playing balloon tennis and joining in a lively entertainment session sing-a-long.</p> <p>There is a weekly programme in large print on noticeboards in all areas. Residents have the choice of a variety of activities, in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, games, news from the paper, music and walks outside. The residents have their own choir and the staff have a band in which two residents participate.</p> <p>Activities that meet the interests and needs of younger residents are documented and provided including (but not limited to); certain music, one-to-one outings, attending clubs and private lessons and assisting staff to provide activities for other residents when able. Residents that are able to leave the facility independently are supported and encouraged to do so.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>There are monthly church services held in the facility and church visitors come in if required. Catholics have communion every Sunday.</p>

		<p>Each unit has two van outings weekly. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day, Anzac Day and Matariki are celebrated.</p> <p>The facility has a men's club who meet fortnightly to discuss 'men's business' and they go to the RSA for lunch monthly.</p> <p>There is community input from the local marae and two childcare groups visit weekly. The young person with a disability goes out to painting classes weekly and shops at the local dairy.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the comprehensive individual activity plan is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan.</p> <p>Resident meetings are held monthly.</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 six care plans reviewed had been evaluated by the registered nurses six monthly or when changes to care occurs. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There is at least a monthly review by the GP. The family members interviewed confirmed that they are informed of any changes to the care plan.</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 has a current building warrant of fitness that expires in March 2018.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for</p>	FA	<p>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>Individual infection report forms are completed for all infections. All infections are included on a monthly register and the infection control coordinator completes a monthly report. This is an improvement since the previous audit.</p>

<p>infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>Infection control data is collated monthly and reported at the quality meetings. The infection control programme is linked with the quality management programme. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP and nurse practitioner who advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP/enablers has been provided. The service has documented systems in place to ensure the use of restraint is actively minimised. There were eight residents with an approved restraint (bed rails and lap belts) and five residents with an enabler (lap belts, bedrails). All residents in the psychogeriatric and mental health units are environmentally restrained in that they are unable to access their bedrooms during the day independently. This is because the high acuity of the residents in both units means they require close observation and it is essential that staff are aware of where they are in the unit at all times, and the bedrooms are outside the line of the vision when staff are in the lounge. Residents are able to access their rooms when required as staff open the door to the rooms. This was observed during the audit. Environmental restraint is well documented and managed. All required documentation has been completed in relation to enabler use under the restraint minimisation standard, evidenced on two resident files selected for review. Staff interviews, and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques.</p>
<p>Standard 2.2.3: Safe Restraint Use Services use restraint safely</p>	<p>FA</p>	<p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. In files sampled (three), monitoring was documented on a specific restraint monitoring form including when residents are taken into the lounge. This is an improvement since the previous audit.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	<p>There is a registered nurse in both the psychogeriatric and hospital unit area (both units are clearly visible from the nursing station which has an entrance into each area) and the hospital 24 hours per day. However, not all nurses working in the mental health unit are qualified to provide mental health nursing care.</p> <p>Six activities staff are employed to provide activities for residents Monday – Friday in the hospital, PG and MH units and for the day programme clients. Caregivers are not rostered for the day care programme although the communal area for the hospital wings is shared with day programme clients. Caregivers interviewed confirmed that their assistance with the day programme is not required.</p> <p>Kauri and Manuka wing provide hospital level care. There is a unit coordinator (a registered nurse) on duty</p>	<p>Eight of the ten registered nurses that work in the mental health unit are qualified to provide general and obstetric nursing but not mental health (as per the scope of their practising certificate).</p>	<p>Ensure there is a mental health trained nurse in the mental health unit 24 hours per day.</p> <p>90 days</p>

		<p>five days per week on morning shift for the hospital.</p> <p>In the Kauri unit (22 hospital level residents), there is one registered nurse and two caregivers from 7am to 3pm, two caregivers from 7am to 1pm and one caregiver from 8 am to 1pm on the morning shift. On the afternoon shift, there is one enrolled nurse and one caregiver from 3pm to 11pm, one caregiver from 3pm to 9pm and one caregiver from 6pm to 11pm. There is one registered nurse and one caregiver overnight.</p> <p>In Manuka wing (23 hospital level residents), there is one enrolled nurse and two caregivers from 7am to 3pm, two caregivers from 7am to 1pm and one caregiver from 8am to 1pm on the morning shift. On the afternoon shift, there is one registered nurse and one caregiver from 3pm to 11pm, one caregiver from 3pm to 9pm and one caregiver from 6pm to 11pm. There is one enrolled nurse and one caregiver overnight.</p> <p>The Garden Wing comprises the psychogeriatric (Fuchsia) and the mental health wing (Jasmine). There is a unit coordinator (a registered nurse) on duty five days per week on morning shift for the Garden wing and a registered nurse (not always mental health trained) on duty 24/7.</p> <p>In Jasmine wing (six mental health residents) there is one caregiver from 7am to 3pm, one from 5am to 1pm and one from 6am to 1pm. On afternoon shift there is one caregiver from 3pm to 11pm and one from 3pm to 11pm.</p> <p>In Fuchsia wing (21 psychogeriatric level residents) there are three caregivers from 7am to 3pm on the morning shift and on the afternoon shift there is one caregiver from 3 pm to 11pm and one from 3pm to 10pm.</p> <p>Additionally, there is one caregiver who works between both wings in the Garden wing from 4.30 pm to 12.30</p>		
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		<p>am.</p> <p>There is one caregiver (and the registered nurse) that works across the two wings on night shift.</p> <p>There is one activities coordinator who works 40 hours a week and covers all areas. There are five activities assistants, two that cover the mental health and psychogeriatric units and three that cover the hospital. Two work 35 hours a week and three work 40 hours a week. All activities staff work from Monday to Friday.</p> <p>Extra staff can be called on for increased resident requirements.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>		
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The medication management system is implemented in a safe manner for prescribing, dispensing and administering. Medications are not always reviewed three monthly. Medications are stored safely. All expired or stopped medications are returned to the pharmacy. The pharmacy delivers the medications and they are checked in by the RNs. Allergy status was not always recorded.</p>	<p>(i)Four out of twelve medication charts sampled did not evidence a three-monthly review. (ii)Two out of twelve medication charts sampled had no allergy status noted.</p>	<p>(i)Ensure medication charts reflect that a three-monthly review has occurred. (ii) Ensure all medication charts have allergy status documented.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.