

Bupa Care Services NZ Limited - Lake Wakatipu Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Lake Wakatipu Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 March 2018 End date: 29 March 2018
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	34

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

Lake Wakatipu is part of the Bupa group. The service is certified to provide hospital (medical and geriatric) and rest home level care for up to 35 residents. On the day of audit there were 34 residents.

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

The care home manager has been in the role for the last ten months. She is supported by a clinical manager who has been in the role for ten months. Both have previous experience in other roles at the same facility.

There are quality systems and processes being implemented that are structured to provide appropriate quality care for people who use the service, including residents that require hospital and rest home level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Lake Wakatipu. Quality initiatives are being implemented which provide evidence of improved services for residents. There is an orientation and in-service training programme in place that provides staff with appropriate knowledge and skills to deliver care and support.

The service has achieved two continuous improvement ratings relating to quality initiatives and the food service.

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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Lake Wakatipu endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Lake Wakatipu has an established quality and risk management process in place that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are quarterly resident/relative newsletters. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation

programme is in place for new staff. There is an in-service training calendar in place. Registered nursing cover is provided 24 hours a day, 7 days a week.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The residents and family interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. A sample of residents' files validated the service delivery to the residents. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Planned activities are appropriate to the resident groups. The residents and family interviewed confirmed satisfaction with the activities programme. Staff responsible for medication management have current medication competencies. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required.

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. Reactive and preventative maintenance is carried out. Staff are provided with personal protective equipment. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using mobility aids or lazyboy chairs. The hallways and communal areas are spacious

and accessible. All bedrooms are single, and some have ensuite facilities. The outdoor areas are safe and easily accessible. Housekeeping staff maintain a clean and tidy environment. Laundry and linen service is completed on-site.

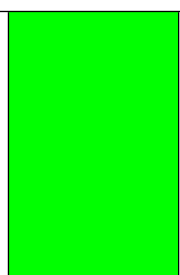
There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in first aid is on duty at all times.

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. At the time of audit, there were no residents with any restraints and one resident using an enabler. The assessment and consent were completed for the enabler. Staff receive training in restraint minimisation and challenging behaviour management.

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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Lake Wakatipu has an infection control programme that complies with current best practice. The infection control manual includes a range of policies. There is a dedicated infection control coordinator who has a role description with clearly defined guidelines.

The infection control programme is reviewed annually at organisational level and links to the quality and risk management system. Infection control education is provided at orientation and incorporated into the annual training programme. Surveillance is undertaken, and records of all infections are kept and provided to head office for benchmarking.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	2	91	0	0	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training, last completed in May 2017. Interviews with seven care staff (four caregivers, two registered nurses (RN) and one activity coordinator), reflected their understanding of the key principles of the Code.</p>
<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>There are established informed consent policies/procedures and advanced directives. General consents obtained on admission were sighted in the six residents' files reviewed (three hospitals - including one resident under the residential long term chronic health contract and one resident under a respite contract, and three rest home – including one resident under an ACC contract). Advance directives if known were on the residents' files. Resuscitation plans for competent residents were appropriately signed. Copies of enduring power of attorney (EPOA) were in resident files for residents deemed incompetent to make decisions.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Residents and relatives interviewed confirmed they have been made aware of and fully</p>

		<p>understand informed consent processes and confirmed that appropriate information had been provided.</p> <p>Seven resident files reviewed had a signed admission agreement.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy support services is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy support services. Staff receive education and training on the role of advocacy services, last occurring in May 2017.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they can participate in as much as they can safely and desire to do. Resident/family meetings are held monthly, and quarterly newsletters are provided to residents and relatives.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register in Riskman. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. Five complaints (one in 2016, three in 2017 and one in 2018) received since the last audit were reviewed with evidence of appropriate follow-up actions taken. Documentation reviewed reflected the service is proactive in addressing complaints. Feedback is provided to staff and toolbox talks were completed where required.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, the clinical manager and RNs discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are held during the bi-monthly resident/family meetings. Five residents (one rest home and four hospital) and eight relatives (three rest home and five hospital) interviewed, reported that the residents' rights</p>

their rights.		are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents are treated with dignity and respect. Privacy is ensured, and independence is encouraged. The 2017 satisfaction survey identified 95% of residents were happy with privacy. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect and staff have received training, last completed in November 2017.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. At the time of the audit, there were no residents whom identify as Māori living at the facility. Māori consultation is available through the documented iwi links and local Māori advocates (Nga Kete Matauranga Pounamu).
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. Residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. Quarterly newsletters are provided to residents and relatives. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.
Standard 1.1.7: Discrimination	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Code of conduct training is also provided through the in-service training programme.

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available 24 hours a day, 7 days a week. A general practitioner (GP) visits the facility once a week for three hours or as required. The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. Physiotherapy services are provided on-site, three hours per week. A podiatrist is on-site every fortnight for one to two hours. The service has links with the local community and encourages residents to remain independent.</p> <p>At their last audit there was one moving and handling champion. This has now increased to three staff plus champions for multiple other areas with staff showing enthusiasm for quality improvement. New champions were commenced from June 2017 for: Nutrition, Infection Control, Restraint, Falls prevention, wounds/pressure care, palliative care/ pain management, Health and Safety, continence, nail care, Smile and Personal Best. The roles are developing with a plan for each to report to the quality meeting with updates of internal audits and identify areas for improvement/ enhancement.</p> <p>External training is supported and 65% of our caregivers there enrolled with Careerforce and achieving/ working through Levels 2,3 and 4.</p> <p>The service provides toolbox talks for extra training. They have a number of staff from overseas with English as a 2nd language. A quality initiative has been implemented whereby, more visual learning was developed into a folder to look at various ways to improve resident care. The staff really embraced developing these photo scenarios and feedback from staff who have more difficulty with English have found this way of learning beneficial.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed identified that family are kept informed. Relatives interviewed confirmed that they are kept informed when their family member's health status changes. An interpreter policy and contact details of interpreters is available. Interpreter services are used where</p>

to effective communication.		indicated. The information pack is available in large print and is read to residents who require assistance. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bupa Lake Wakatipu provides rest home and hospital (geriatric and medical) level care for up to 35 residents. All beds are dual-purpose. At the time of the audit there were 34 residents in total (21 rest home residents, including 2 residents on respite, 1 resident on an ACC funded contract and 1 resident on a DHB carer support contract; 13 hospital residents, including one resident on respite and one on a long-term support chronic health condition (LTS-CHC) contract). All other residents were under the aged related residential care (ARRC) contract.</p> <p>A vision, mission statement and objectives are in place. Annual quality/health and safety goals for the facility have been determined and are regularly reviewed by the care home manager. A quarterly report is prepared by the care home manager and provided to the Bupa clinical service improvement team on the progress and actions that have been taken to achieve the Lake Wakatipu quality goals. Lake Wakatipu has identified three goals in 2018; one national goal (health and safety) and two facility-specific (reducing falls and reducing UTIs). Progress to meeting these goals is reviewed at every quality meeting. The 2017 goals have been reviewed at the beginning of 2018. The evaluation identifies that the 2017 goals were not met.</p> <p>Lake Wakatipu is part of the southern Bupa region and the managers from this region teleconference weekly and meet six-monthly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly report to the Bupa operations manager. The operations manager completes a monthly report to the chief operating officer (COO). The service is managed by a care home manager who is a RN. The care home manager has been in the role since May 2017 and has been at Bupa since 2015, previously working in the clinical manger role. She is supported by an experienced clinical manager who has been in the role since May 2017 and has been at Bupa since 2014. The management team is supported by an operations manager who was present at the time of the audit.</p> <p>Care home managers and clinical managers attend annual forums and regional forums six-monthly. The care home manager has maintained at least eight hours annually of professional development activities related to managing a hospital.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of</p>	FA	A clinical manager who is employed full-time, supports the care home manager and steps in when the care home manager is absent. The operations manager, who visits regularly, supports both managers.

<p>the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</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>There is an established quality and risk management process in place. Interviews with the managers and staff reflect their understanding of the quality and risk management systems. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to): resident falls; infection rates; complaints received; restraint use; pressure areas; wounds; and medication errors. An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule.</p> <p>Quality and risk data, including trends in data are discussed in staff meetings. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Riskman has been implemented by Bupa which is an electronic data collecting system. All residents' incidents (falls, skin tears and bruising), infection rates, pressure areas, wounds and medication errors are completed on the online system. Reports are automated and further analysis is completed of those reports. Lake Wakatipu reports, analysis and consequent corrective actions were sighted. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. Quality and risk data is shared with staff via meetings and posting results in the staffroom. An annual satisfaction survey is completed and 2017 results demonstrated a 91% positive outcome. Corrective actions were established in areas identified as below the national average.</p> <p>The health and safety programme include specific and measurable health and safety goals that are regularly reviewed. There is two health and safety officers (caregivers) who is supported by health and safety representatives. The health and safety team meet monthly. Staff undergo annual health and safety training which begins during their orientation. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. The hazard register is reviewed regularly. Bupa belongs to the ACC partnership programme and has attained their tertiary level (expiry 31 March 2018). Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. All incidents are coded in severity on Riskman (severity 1-4) with 4 being the most severe. All resident incidents logged with a severity of 3 or 4 are automatically escalated to the Bupa CSI team immediately and the operations manager. Actions are then followed up and managed.</p> <p>Twelve accident/incident forms were reviewed for February and March 2018. Each event involving a resident reflected a clinical assessment and follow up by a RN. Neurological observation forms were documented and completed for any unwitnessed falls with a potential head injury. The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. There have been three section 31 notifications made since the last audit; one police investigation in December 2017 and two pressure injuries (grade III), one in July 2017 and one in March 2017. A respiratory outbreak in February 2018 was notified to the public health authorities.</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 resources policies in place, including recruitment, selection, orientation and staff training and development. Seven staff files reviewed (one clinical manager, one RN, one cook, one activity coordinator and three caregivers), evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. New staff are buddied for a period and during this period they do not carry a clinical load. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates.</p> <p>Forty-eight per cent of the care staff have attained at least one Bupa Personal Best certificate. A total of 93% of caregivers have attained a Careerforce qualification. There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board and through Bupa clinical training forums. Registered nurses are supported to maintain their professional competency. Five of ten RNs (including the care home manager and clinical manager) have completed their interRAI training. There are a number of implemented competencies for RNs including (but not limited to) medication competencies and wound care. Assistance with numeracy and literacy is available and is provided to those staff that request or need assistance.</p> <p>There has been an increase in external training provided for the RN's and this continues with sessions such as Oral Health, Health of the Older Person Workshop, Restraint, training at Southland Hospital with the</p>

		Wound Care Specialist Nurse, Infection Control, Pressure Injury Prevention, along with the in-house training provided.
<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>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Adequate RN cover is provided 24 hours a day, 7 days a week. Sufficient numbers of caregivers' support the RNs. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner. Caregiver's interviewed stated that management are supportive and approachable. Staff interviewed advised that there are sufficient staff on duty at all times and that any staff replacements due to sickness/absenteeism are filled.</p> <p>The care home manager and clinical manager work from Monday to Friday and are available on-call after hours. All beds in the facility are dual purpose. At the time of the audit there were 34 residents in total (21 rest home residents and 13 hospital residents). On the morning shift, there is one RN and six caregivers on duty; on the afternoon shift there is one RN and five caregivers; and on the night shift there is one RN and one caregiver. Residents and family members interviewed reported that there are adequate staff numbers to attend to residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There is a comprehensive admission policy. Residents are assessed prior to entry to the service by the needs assessment team. Specific information is available for residents/families/whānau at entry. The information pack includes all relevant aspects of the service and residents and/or family/whānau are provided with associated information such as the Code, how to access advocacy and the health practitioners code. All relatives interviewed were familiar with the contents of the pack.</p> <p>The care home manager and clinical manager screen admissions prior to entry to ensure a needs assessment has been completed and the service is able to provide the level of care required if there is a room available.</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>There is a policy that describes guidelines for death, discharge, transfer, documentation and follow up. A record is kept and a copy of which is kept on the resident's file. All relevant information is documented on the Bupa transfer form and accompanied with a copy of the resident admission form, most recent GP consultation notes and medication information. Resident transfer information is communicated to the receiving health provider or service using the yellow envelope system. There is documented evidence of family notification of appointments and transfers. Relatives interviewed confirmed that they are notified and kept informed of the resident's condition. Follow up occurs to check that the resident is settled, or in the case of death, communication with the family is made.</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 policies and procedures in place which comply with current legislation. Medicines are stored in accordance with legislation and current guidelines. Medications are pre-packed in blister packs and stored in a locked trolley in the treatment room. Medicine administration practice complied with the medicine management policy in the medicine round observed. Medications are administered by registered nurses with medication competent care staff available to act as second checkers. Staff that administer medications complete a medicine competency and medication management annually. Registered nurses undertake extra training to administer syringe drivers and subcutaneous fluids. Medications are prescribed on the electronic medicine management system in accordance with legislative prescribing requirements for all regular and 'as required' medicines. Medications are checked on admission and on arrival to the facility and discrepancies are reported to the pharmacy.</p> <p>The service does not have standing orders and verbal orders are rarely used as an electronic system is in place. There was no expired stock on-site on day of audit. Medication fridge temperatures are checked at least weekly and temperatures are within acceptable ranges. The GPs review the medication charts at least three-monthly. A review of ten medication signing sheets evidenced that administration of all medications aligned with the medication charts.</p> <p>Two residents were self-medicating inhalers only on the day of audit. The GP evaluates the resident's competence on a three-monthly basis. Medicines are kept in a locked drawer in the resident's room. Staff check with the resident each day whether medications have been taken.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional</p>	<p>FA</p>	<p>The Bupa Lake Wakatipu kitchen staff prepare and cook all meals on-site in the main kitchen. The food is served directly from the kitchen to the dining room. There is an experienced cook on duty daily that is supported by a morning and evening kitchenhand. All kitchen staff have an up-to-date food safety and hygiene certificate. There is a kitchen manual and a cleaning schedule. Personal protective equipment is worn as appropriate. There are Bupa seasonal menus, and these have been approved by a consultant dietitian. Resident likes, and dislikes are known, and alternative choices offered. The cook receives dietary</p>

<p>needs are met where this service is a component of service delivery.</p>		<p>information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Special diets and allergies are documented in folder located by the servery. This information is updated whenever changes are made to a resident's nutritional profile or for new admissions. Normal and moulied meals are provided. Fridge and freezer temperatures are recorded daily (sighted). Temperatures are recorded on all chilled and frozen food deliveries. All food in the chiller, fridges and freezers are dated. Stock is rotated by date. The kitchen is well equipped. Food satisfaction surveys are done annually. Residents and relatives interviewed spoke positively about the food provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>There is an admission information policy. The service records the reason (no bed availability or unable to meet the acuity/level of care) for declining service entry to potential residents and communicates this to potential residents/family/whānau. Potential residents would be referred to the referring agency if entry is declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Lake Wakatipu home and hospital uses the Bupa assessment booklets and person-centred templates for all residents. The assessment booklet includes: falls; Braden pressure area; skin; mini nutritional; continence; pain (verbalising and non-verbalising); dependency and activities and culture. Nutritional requirements are completed on admission. Additional risk assessment tools include wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>InterRAI assessments had been completed within timeframes and areas triggered were addressed in care plans sampled. The respite file had comprehensive short-stay assessments completed.</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>In all six files sampled, the assessments completed on admission had been used to plan care for the resident. Care plans sampled were comprehensive, showed attention to detail, and were integrated with other allied health services involved in resident care. Relatives and residents interviewed all felt they were involved in the planning of resident care. In all six files sampled, there is evidence of resident and relative involvement in care planning.</p> <p>Care plans reviewed provided evidence of individualised support. Short-term care plans are in use for short-term needs and changes in health status.</p>

		Resident-centred goals were reviewed at the multidisciplinary review (MDR) meetings with the residents.
<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 six 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. There is evidence of wound nurse specialist involvement in chronic wounds/pressure areas. Seven hospital residents (three skin lesions, three skin tears and one other) and seven rest home residents (four surgical wounds, one ulcer and one skin lesion) had current wounds. All wounds have wound assessments, plans and ongoing evaluations completed.</p> <p>The registered nurse attends to the wound dressings, an assessment and evaluation is completed at each dressing change. Photographs are taken to reflect improvement or deterioration. All chronic wounds 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>Sufficient continence and dressing supplies are available.</p> <p>Monitoring forms in use (sighted) include: fluid balance; continence diary; monthly blood pressure and weight monitoring; nutritional food and fluid monitoring; and two-hourly turning charts.</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>	FA	<p>There is one activities coordinator (AC). The activities coordinator is involved in the admission process completing the initial activities assessment and has input with the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. The activities coordinator works 30 hours a week and is responsible for activities across the unit. The activities programme has input from a Bupa occupational therapist to ensure the needs of the residents are met. The activities coordinator has a first aid certificate. 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 in large print on noticeboards throughout the facility.</p> <p>Activities include (but not limited to): a weekly book club; mountain scene newspaper reading; knitting groups; singalong music sessions; bowls; housie; arts and crafts; and three different exercise sessions each week (Pilates, chair yoga and falls prevention). A word search puzzle is given to residents who wish to participate each week. The activities coordinator also prints out the daily menu with a local NZ theme on this day in history on the other side. This is placed on each table and provides a talking point while residents enjoy their meals.</p> <p>Community relationships involve: pet therapy every two weeks; playcentre visits; mainly music school children group visits; community project building a card box castle papier Mache and paint which was then donated to</p>

		<p>playcentre; and twice-weekly van outings.</p> <p>There are bi-monthly resident meetings, where residents have the opportunity to provide feedback on all aspects of the facility.</p> <p>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 evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans are reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status, in three of six files sampled. One resident (hospital) was a new admission, one was a respite resident (hospital) and another was a short stay ACC resident (rest home) and did not require six-monthly evaluations. Six-monthly multidisciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities coordinator and any other relevant person involved in the care of the resident. Family members are invited to attend the MDT review. The review checklist identifies the family member who has attended the review. There is at least a three-monthly review by the medical practitioner. There are short-term care plans available to focus on acute and short-term issues. These are evaluated at regular evaluations. Wound care charts were evaluated in a timely manner. Care plans are updated when needs change.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referrals to other health and disability services were evident in the sample group of residents' files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. Examples of referrals sighted were to occupational therapist, physiotherapy, dietitian, mental health services, speech language therapist, community mental health nurse, and hospital specialists. Discussions with the clinical manager and two registered nurses identified that the service has access to GPs, ambulance/emergency services, allied health, dietitians, physiotherapy, continence and wound specialists, and social workers. The local hospital including an emergency department is located within the same building with medical practitioner cover available at all times.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and</p>	FA	<p>There is a chemical/substance safety policy. There are policies on the following: waste disposal policies for medical, sharps and food waste and guidelines as well as the removal of waste bins and waste identification. Management of waste and hazardous substances is covered during orientation of new staff. Staff attended chemical safety education in March 2018. Chemicals are stored in a locked cupboard. Safety datasheets and product wall charts are available. Approved sharps containers are available and meet the hazardous</p>

<p>service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>substances regulations for containers. Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff are observed wearing appropriate personal protective clothing when carrying out their duties. Cleaning staff take cleaning trolleys into the resident rooms or they are in their line of sight so that chemicals are not left unattended.</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>The building holds a current warrant of fitness which expires on 1st July 2018. Fire equipment is checked by an external provider. Electrical equipment has been tested and tagged. Reactive and preventative maintenance occurs. There is a 52-week planned maintenance programme in place. Hot water temperature has been monitored monthly in resident areas and was within the acceptable range. The living areas and bedrooms have a mix of carpet and vinyl surfaces. Bathrooms/toilets and kitchen areas are covered in vinyl. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade and there is wheelchair access to all areas. The facility has a van available for transportation of residents. Staff transporting residents holds a current first aid certificate and van hoist competency.</p> <p>In the facility, residents are able to bring in their own possessions and are able to adorn their room as desired. There are outside areas that include shade around the facility. The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans and necessary to provide care, including: tilting shower chairs; commodes; sliding sheets; electric beds; ultra-low beds; sling and standing hoists (four hoists in total); pressure and alternating air mattresses; platform and chair scales; wheelchairs; sensor mats; landing mats; mobility aids; continence supplies; dressing and medical supplies. Registered nurses stated that when something that is needed is not available, management provide this in a timely manner.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with</p>	<p>FA</p>	<p>Six resident rooms have shared ensuites. There are three communal showers, one bathroom and six communal toilets throughout the facility. Resident rooms have hand basins. Fixture, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal toilets and bathrooms have appropriate signage and locks on the doors. Residents interviewed reported their privacy is maintained at all times.</p>

personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All bedrooms are single. All rooms are spacious enough to manoeuvre transferring and mobility equipment to safely deliver care. Staff interviewed reported that rooms have sufficient space to allow cares to take place. Residents are encouraged to bring their own pictures, photos and small pieces of furniture to personalise their room.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are three lounges and a dining room. The service has an area with tea/coffee making facilities which can be accessed by family and residents. Activities can occur in any of the lounges and they are all large enough to not impact on other residents not involved in activities. Seating and space is arranged to allow both individual and group activities to occur.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The majority of laundry is undertaken off-site. In the facility, there is a small, well organised laundry for personal clothing. The laundry is divided into a “dirty” and “clean” area and staff could describe how this is managed. There is a comprehensive laundry manual; cleaning and laundry services are monitored throughout the internal auditing system and the resident satisfaction surveys. The cleaner’s trolleys were attended at all times or locked away in the cleaning room as sighted on the day of the audit. There is a sluice room for the disposal of soiled water or waste.</p> <p>There are policies in place including cleaning department, use of equipment policy and cleaning schedules. There is also a cleaning schedule/methods policy for cleaners. All personal clothing is laundered on-site. There is a defined clean/dirty area within the laundry which also has an entry and exit door. Cleaning and laundry staff were very knowledgeable around outbreak management. Chemicals are stored securely in the laundry area. The chemical product supplier conducts regular quality control checks on the effectiveness of chemicals used and the washing machine cycles.</p> <p>There is a sluice room for disposal of soiled water or waste. There is a dedicated cleaner role who is rostered over a seven-day week. Cleaning products are colour coded (eg, mop heads for each area). Personal protective equipment is available in the laundry, cleaning and sluice room. Staff were observed to be wearing</p>

		appropriate protective wear when carrying out their duties.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency/disaster management plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme and annual emergency procedure training was provide in March 2018. At least one staff member is on duty at all times with a current first aid certificate. Fire evacuation drills take place every six months, last occurring on 20 February 2018. Emergency energy sources are available and shared with the local DHB. There is stored water in a separate tank shared with the local DHB and sufficient bottled water stored in the facility.</p> <p>Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are available. There is a civil defence kit in the facility that is checked monthly. Pandemic/outbreak supplies are available and are checked monthly. Smoke alarms, sprinkler system and exit signs are in place. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. Residents were sighted to have call bells within reach during the audit. The service has a visitor's book at reception for all visitors, including contractors, to sign in and out. The facility is secured at night. Access by public is limited to the main entrance.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility is heated by boilers and has ducted heating throughout the personal and communal areas. Additional large panel heaters are in use in the lounges. All communal rooms and bedrooms are well ventilated and well lit. Residents and family members interviewed stated the temperature of the facility was comfortable. There is plenty of natural light in residents' rooms.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The scope of the infection control programme policy and infection control programme description are available. There is a job description for the infection control (IC) coordinator and clearly defined guidelines. The infection control programme is linked into the quality management programme. The infection control report is part of the monthly quality meetings. The facility has developed links with the GP's, local Laboratory, the infection control and public health departments at the local DHB. Bupa have a regional infection control group (RIC) for the three regions in NZ (minutes sighted). The IC programme is reviewed annually at head office and through the regional meetings.</p> <p>The service has experienced a respiratory outbreak in Feb 2018, which included residents and staff that were</p>

scope of the service.		managed. Public Health were notified of the outbreak. A full influenza nursing assessment was completed for each resident affected. Short-term care plans were in place for affected residents which reflected isolation for 48 hours after last episode of symptoms. Staff affected stayed off work in accordance with infection policy. A meeting with eleven staff (including RN's, cleaners, laundry and care staff) was held at the onset of the outbreak, followed by daily plan updates. An information sheet was given to all staff and the facility introduced a new stop and watch tool. The outbreak was well managed with evidence of comprehensive communication with staff, residents, families and allied health staff.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control programme is discussed at the quality meetings. Members include heads of departments such as kitchen, cleaning, laundry, activities, care staff, infection control coordinator, clinical manager and home care manager. The facility also has access to an infection control nurse at the district health board (DHB), public health, GPs, laboratory and expertise within the organisation.</p> <p>The facility has adequate signage at the entrance asking visitors not to enter if they have contracted or have been in contact with infectious diseases. Alcohol based hand gel is available throughout the facility.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. All staff receive infection control education as part of the orientation programme. Staff are required to read policies and complete the infection control questionnaires and hand hygiene checklist. If there is a noted increase in infection rates, there is education sessions held around this. An education session around outbreak management was held by Southern DHB infection control nurse in June 2017.</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. The infection control coordinator (RN) and clinical manager use the information obtained through surveillance to determine infection control activities, trends, 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 with corrective action plan. There are standard definitions of infections in place appropriate to the complexity of service provided.</p> <p>Infection control data is collated monthly and reported at the quality, and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The clinical manager and infection control coordinator meet monthly and keep track of infections in each unit. The infection control programme is linked with the quality management programme. The results are subsequently included in the care home manager's report on quality indicators.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service.</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>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. At the time of the audit there were no residents with any restraints and one resident using an enabler (lap belt). The resident file of the enabler use was reviewed. The enabler assessment form was completed and signed by the resident. The care plan identified the enabler use and risks were documented. The enabler has been evaluated three-monthly. Staff receive training in restraint minimisation and challenging behaviour management.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>There is an established quality and risk management process in place. Quality and risk data is shared with staff via meetings and posting results in the staffroom. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Riskman has been implemented by Bupa which is an electronic data collecting system. Reports are automated and further analysis is completed of those reports. Lake Wakatipu is active in analysing data collected monthly, around accidents and incidents, infection control, restraint etc. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.</p>	<p>Lake Wakatipu is proactive in developing and implementing quality initiatives. Meetings include feedback on quality data where opportunities for improvement are identified.</p> <p>Example: skin tears and pressure injuries were noted to be high in the hospital area in October 2016. Initiatives were implemented to reduce the skin tear and pressure injury incidents. These included a drive on using leg and arm protectors; focus on moisturising two times daily; toolbox talks being provided around skin tears and pressure injuries on a regular basis; and the inclusion of photos of resident's wounds to demonstrate the impact of damage to the skin, which could be prevented. Stations were also set up in June 2017 with various educational training tasks to be completed.</p> <p>The educational tasks included: having taped up blanched tomatoes with staff having to remove the tape without tearing the skin; tissue paper attached to a staff members back and having</p>

			<p>to rub it up and down a wall to demonstrate the sheering/friction effect on the skin; staff were given dry onions in tights and had to move the onion from one end to the other end showing all the dry skin coming off; once completed they were asked to do this again after moisturising the onion which showed no skin coming off, and staff sitting on marbles for a period of time without shifting their weight, this was to demonstrate the discomfort of pressure injury damage.</p> <p>On evaluation of the effectiveness of these initiatives, the facility has reduced skin tears by 32% from 19 (period from 01 October 2016 – 30 June 2017) to 13 (period from 01 July 2017 to 31 March 2018) and pressure injuries by 50% from four (period from 01 October 2016 – 30 June 2017) to two (period from 01 July 2017 to 31 March 2018).</p>
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	CI	<p>The food service is constantly being reviewed to determine resident satisfaction and whether more food is being wasted by not being eaten for specific meals or by specific groups of residents. There are snacks available between. Residents interviewed all spoke positively about the food and choices provided.</p>	<p>Following a satisfaction survey in 2016, the facility chose to look at food services as an improvement.</p> <p>The servery door has been painted with blackboard paint and provides a daily menu board for residents. The dining room has been refurbished with food related art work and music plays quietly in the background during mealtimes. A colourful pictorial menu is printed out each day and the reverse side has an “on this day in history” information to promote conversation. Floral arrangements provided by the local florist are placed in the centre of each table. Medications are given to residents before coming down to meals. The cook regularly asks residents about the meals, their likes and dislikes, suggestions, and tries to accommodate their requests. Bupa has introduced moulds for moulded diets, so the plate looks more attractive. On interview, residents were very positive about the recent changes.</p> <p>The satisfaction survey in 2017 showed 26% excellence for meals compared to 17% for 2016.</p>

End of the report.