

Bupa Care Services NZ Limited - Parklands Hospital

Introduction

This report records the results of a Surveillance Audit; Partial Provisional 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: Parklands Hospital

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric)

Dates of audit: Start date: 7 August 2018 End date: 8 August 2018

Proposed changes to current services (if any): The audit also verified the service has suitable to provide rest home level care. Ten hospital beds have been verified as suitable for dual service.

Total beds occupied across all premises included in the audit on the first day of the audit: 116



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Parklands provides hospital (medical and geriatric) and psychogeriatric level care for up to 134 residents. During the audit, there were 116 residents.

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

A partial provisional audit was also completed to add rest home level care as part of their current certification. The service has been verified as suitable to provide dual-purpose care across 10 of their current hospital beds. Current systems and processes and the environment have been verified as suitable to provide rest home level care.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse).

The service has an established quality and risk management system. Residents and families interviewed commented positively on the standard of care and services provided.

Three of the five shortfalls identified as part of the previous audit have been addressed. This was around staff appraisals, training and restraint monitoring and warfarin documentation. There are continued shortfalls around care plans interventions and implementation of care.

This audit has identified three further areas requiring improvement around communication of quality at meetings and action plans and self-medicating.

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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The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

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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The care home manager is a registered nurse. She is supported by a clinical manager, unit coordinators, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. An education and training programme is established with a current plan in place.

Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate cover for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Care plans are evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed met legislative prescribing requirements.

The activity team coordinator and activity assistants implement the hospital and level of care activity programme. Caregivers provide activities in the psychogeriatric care unit over 24 hours. The programmes include community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each consumer group.

All meals and baking are done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the dietitian. There are nutritious snacks available 24 hours. Residents commented positively on the meals provided.

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 and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services. Resident rooms are suitable in the hospital wings for both rest home and hospital care.

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 are provided with training in restraint minimisation and challenging behaviour management. On the day of audit there were ten residents using restraint and one resident with an enabler.

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 infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

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	23	0	2	2	0	0
Criteria	0	57	0	3	2	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 Bupa complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the care home manager using a complaints' register. Three complaints made in for 2018 all document timely response and follow-up with Right 10 of the Code.</p> <p>A care related HDC complaint remains in progress. A complaint around abuse from July via the DHB documents a full investigation, staff follow-up and an in-depth action plan. The action plan documents regular reviews to ensure all issues have been rectified.</p> <p>Residents (four hospital) and family members advised that they are aware of the complaints procedure. Discussion around concerns, complaints and compliments was evident in facility meeting minutes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. The care home manager, a unit coordinator and clinical manager confirmed family are kept informed. Relatives (one hospital level and three psychogeriatric level) interviewed stated they are notified promptly of any incidents/accidents. Residents/relatives can feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to residents' health</p>

communication.		<p>status.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bupa Parklands provides psychogeriatric and hospital level care for up to 134 residents and is certified for hospital – medical. There were 116 residents in the facility on the day of audit; 61 hospital, including one resident funded on a serious medical illness contract (SMI), one respite and one rest home level resident. There were 55 residents across the psychogeriatric secure units on specialist hospital contracts (ARHSS).</p> <p>There is an overarching Bupa business plan and risk management plan. Additionally, Bupa Parklands has developed annual quality and health and safety goals. Goals are reviewed regularly in the quality meetings and are updated on the goal sheet quarterly (at a minimum).</p> <p>The care home manager is an RN who has been in her role for three years. The care home manager is supported by a clinical manager (registered nurse) who oversees clinical care. The clinical manager has been in the post for a year. The management team is supported by the wider Bupa management team including a regional operations manager.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.</p> <p>Partial Provisional</p> <p>This audit also included verifying the service as suitable to provide rest home level care for up to 10 rest home residents. The hospital wings have been verified as suitable as dual-purpose.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>Partial Provisional</p> <p>In the absence of the care home manager, the clinical manager is in charge. For extended absences, a Bupa relieving care home manager is rostered.</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>PA Low</p>	<p>Bupa has a robust quality and risk programme in place and staff at Parklands work to implement the programme. Interviews with the managers, seven caregivers, three registered nurses, one enrolled nurse and activity staff reflected their understanding of the quality and risk management system.</p> <p>Policies and procedures include reference to interRAI for an aged care service. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, a facility health check is conducted six monthly by an external Bupa representative. Data collected (eg, falls, medication errors, wounds, skin tears, complaints, challenging behaviours) continue to be collated and analysed. Quality data and results are documented in the quality meetings but continue not to be documented as communicated to staff in staff meetings. A resident relative survey was completed last in 2017. The results showed and overall satisfaction of 51% this is an improvement on the 2016 results. Some specifics; activities 43% good/ very good, quality of care 95% good /very good. There is a bimonthly resident meeting.</p> <p>Corrective actions are not always implemented where opportunities for improvements are identified (link to 1.2.4.3). Areas of non-compliance following internal audits include the initiation of a corrective action plan with sign-off by a manager when implemented.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</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>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all seven accident/incident forms reviewed. There is evidence on the incident forms that support actions are undertaken to minimise the number of falls and skin tears. Pressure injuries had been completed on incident forms. However, there was no corrective actions implemented to reduce their incidence (link 1.2.3.8). Clinical follow-up of residents is conducted by a registered nurse (link to 1.3.6.1).</p> <p>Discussion with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided. There has been one outbreak and one coroners.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	<p>FA</p>	<p>There are policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Eight staff files were reviewed (three RNs, four caregivers and one activities assistant). All files contained relevant employment documentation including current performance appraisals</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>and completed orientations. The previously identified shortfall around appraisals has been addressed. Current practising certificates were sighted for the registered nurses. All required staff have been employed and appropriate employment practices followed.</p> <p>Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>There is a comprehensive annual education planner in place that covers compulsory education requirements. The planner and individual attendance records are updated after each session. The Bupa training programme has been fully implemented, with many training sessions repeated many times, to ensure that as many staff as possible attend. This previously identified shortfall has been addressed. Eleven of the thirty RNs have completed interRAI training. Forty-two staff are employed in the psychogeriatric unit, 45 staff have completed the dementia unit standards (including the three-activity staff). Clinical staff complete competencies relevant to their role. The RNs and clinical manager have access to external training.</p> <p>Partial Provisional</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of rest home and hospital level care. The education planner is directed from head office and also addresses the needs of rest home residents.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy are in place. Staff rostered on to manage the care requirements of the resident meets contractual requirements. Both the care home manager and clinical manager hold current practising certificates and work full time Monday - Friday. Registered nurses staffing meets contractual requirements for hospital and psychogeriatric levels of care. Oversight is provided by the clinical manager/RN.</p> <p>Hospital level: Residents are based in three units (Kowhai, Ngaio, and Matai). One coordinator/RN is rostered for the hospital level residents in addition, one RN covers Kowhai/Ngaio (occupancy 31) from 7.00 am – 3.00 pm, 9.30 am – 6.00 pm and 3.00 pm – 11.00 pm and one RN covers Matai (occupancy 30) for the same hours. One RN covers all three hospital units during the night shift.</p> <p>The care caregivers are rostered as following:</p> <p>Kowhai and Ngaio: AM four long shifts and two short shifts. PM two long shifts and three short shifts, and one on nights.</p> <p>Matai: AM four long shifts and two short shifts, PM two long shifts and three short shifts and one on nights.</p> <p>Psychogeriatric level: Residents are based in three units (Kauri, Rata and Rimu) which are linked to each other but have separate security systems. One-unit coordinator is rostered Monday – Friday for the three units.</p> <p>A RN or EN covers each of the three units on the am and pm shifts and one RN covers all three units during</p>

		<p>the night shift.</p> <p>The caregiver shifts are as follows:</p> <p>Rata (19 residents) Rimu (19 residents) and Kauri (17 residents) each have; AM two long shifts and two short shifts, PM one long shift and two short shifts and one on nights.</p> <p>The care home manager reported that extra staff can be called on for increased residents' requirements. Activities staff are rostered seven days a week.</p> <p>Interviews with staff, residents and family members identified that staffing was adequate to meet the needs of residents.</p> <p>Partial Provisional</p> <p>Advised that staffing will not be adjusted for up to 10 rest home residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Staff who administer medications (RNs, EN and caregivers) have been assessed for competency on an annual basis. Registered nurses have completed syringe driver training. There was no syringe driver in place on the day of audit, however there was one hospital resident with an Apo-morphine pump in place which was being monitored (monitoring form sighted). The same resident was self-medicating with a self-medication competency, however this had not been reviewed three monthly.</p> <p>Education around safe medication administration has been provided annually. There is evidence of medication reconciliation on delivery of robotic roll medications as signed on the medication reconciliation form by the RN. The 'as required' medications are in blister packs and checked weekly for expiry dates. There is a bulk supply order for hospital level residents. All medications are stored safely throughout the facility. The medication fridge temperatures are checked weekly. There is standing orders that meet the required regulations around standing orders. All eye drops were dated on opening. The service uses an electronic medication system. Medication charts met legislative prescribing requirements.</p> <p>Fourteen medication charts reviewed (one rest home, nine hospital and four psychogeriatric) had photo identification and allergy status documented on the chart. The administration sheets corresponded with the medication charts. All medication charts evidenced three monthly GP review. Antipsychotic medicine management plans are reviewed monthly by the GP and the psychiatrist by referral. The GP receives test results for INR levels and adjusts the warfarin dose as required on the electronic medication chart. The warfarin policy has been updated to reflect this procedure.</p> <p>Partial Provisional</p>

		Medications will rest home residents will be managed from the hospital treatment room.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The kitchen manager oversees the food services and is supported by kitchen staff on duty each day. The national menus have been audited and approved by an external dietitian. The main meal is at lunchtime. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in a bain marie to each kitchenette where they are served. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated. There is evidence that additional nutritious snacks are available over 24 hours in all units.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from the bain marie are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>Food services staff have completed food safety education and chemical safety. There is a verified food service plan in place.</p> <p>Partial Provisional</p> <p>All rest home residents on admission will have nutritional assessments completed including likes and dislikes. There is adequate dining room space and other lounge areas to have rest home residents sit together away from hospital residents if they wish.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Moderate	<p>Long-term and short-term care plans in all files reviewed were individualised and resident-focused. There are summary care plans that provide a quick guide. Not all assessed needs included interventions in the care plans. The previous finding around care plan interventions remains. Short-term care plans were in use for changes to health status and have been resolved or if ongoing transferred to the long-term care plan. The care plans for the two psychogeriatric residents documented the resident's morning, afternoon and nocte habits and included the management of behaviours, triggers, interventions and de-escalation techniques including activities over a 24-hour period. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process.</p> <p>There was evidence of allied health care professionals involved in the care of the resident including GP, physiotherapist, podiatrist, dietitian, physiotherapist and mental health services and crisis resolution service.</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>PA Moderate</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There was documented evidence on the family/whānau record page that family members were notified of any changes to their relative's health status including infections, wounds and weight loss. Family are notified of GP rounds and have the opportunity to meet with GPs to discuss their relative's health.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound treatment assessment and forms, ongoing evaluation form and evaluation notes were in place for eight hospital residents and eight PG residents. One chronic wound documentation evidenced wound nurse Maude specialist involvement in the management of the wound. There were five residents (four hospital and one PG resident) with two community acquired and four facility acquired pressure injuries. One hospital resident had three pressure injuries, one of which was a stage three and reported to HealthCERT. The wound nurse from Nurse Maude has been involved in the management of pressure injuries. Photos identify the healing progress. There were no turning charts in place for one hospital resident (with pressure injuries) and one PG resident at high risk of pressure injuries.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Short-term care plans document appropriate interventions to manage short-term changes in health.</p> <p>There were a number of monitoring forms in place to monitor resident's health status including weight, vital signs, blood sugar levels, pain, challenging behaviour, wounds, restraint, repositioning charts, food and fluid, and visual checks for at risk residents. Not all neurological observations had been completed as per protocol.</p> <p>The previous finding around monitoring charts remains.</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 service employs a team coordinator (DT-level four) and a team of activity assistants to coordinate and implement the programme for each community (unit). There are three activity assistants based in the PG communities and they work a four day on, four days off roster from 11.00 am to 6.00 pm seven days a week. The team coordinator and one activity assistant are based in the hospital communities over a seven-day week.</p> <p>The activity team provide individual and group activities for hospital residents that meet their cognitive, physical and intellectual abilities. Activities in the hospital level includes (but not limited to) arts and crafts, music, sit exercises, reminiscing, sensory games, board games, café coffees, discussions and music videos. There is 'U and I' time allocated for those residents who are unable or choose not to be involved in group activities. Pampering is offered such as hand massages.</p> <p>Activities in the PG communities are based on flexibility and one-on-one time including reading, chats, puzzles, pampering such as hand and nail care. Small group activities include sensory activities including reminiscing</p>

		<p>and bible club. Some activities and entertainment are integrated with PG residents attending under supervision.</p> <p>There are volunteers included in the programme including family members. Community visitors include weekly church services for residents in rooms and monthly interdenominational church services, entertainers, high school children and canine friends. There are regular outings and scenic drives weekly for all residents. The service celebrates events such as daffodil day and cultural days.</p> <p>A resident activity assessment and Map of Life is completed on admission. Socialising and activities are included in the My Day, My Way care plan. There is a specific need for a dementia care plan in all PG files reviewed that describe activities for the de-escalation of behaviours. The DT is involved in the six-monthly MDT review. The service receives feedback and suggestions for the programme through surveys and resident meetings. Families are encouraged to be involved in the activity programme, outings and events. Residents and families interviewed expressed satisfaction with the activities provided.</p> <p>Partial Provisional</p> <p>The two-activity staff working across the hospital communities will also provide group and individual activities appropriate for rest home residents. There are sufficient lounges to have separate activities running. The Bupa activity programme includes activities for higher and lower cognitive functioning residents as well as a range of physical activities for all levels of care. The current activity programme would be suitable for rest home level care residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial assessments and support plans/care plans are evaluated by the RN within three weeks of admission. The long-term care plans had been reviewed by the multidisciplinary team (MDT) at least six monthly or earlier for any health changes. Care staff complete a resident data needs, with the information used to evaluate if the resident goals have been met or not met. The long-term care plan is updated with any changes (link 1.3.5.2). The family are invited to attend the MDT review with input from the RN, care staff member, DT, physiotherapist and GP. The family member is informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes and are evident in changes made to care plans.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and</p>	<p>FA</p>	<p>Partial Provisional</p> <p>There are implemented policies in place to guide staff in waste management. Gloves, aprons, face shields and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety</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>datasheets are available. There is a sluice room in the hospital area.</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 has a current building warrant of fitness that expires 1 September 2019. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance 52-week schedule is maintained. The facility is well-maintained. An under-utilized small lounge has been converted into a café lounge where residents and families can meet for tea/coffee.</p> <p>The corridors are wide with handrails 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.</p> <p>The external areas are well maintained. There is outdoor furniture and shaded areas. The three psychogeriatric units have a separate secure garden area providing shaded seating and walking areas. There is wheelchair access to all areas.</p> <p>Partial Provisional</p> <p>The hospital wing(s) bedrooms and communal areas are suitable for rest home level residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Partial Provisional</p> <p>The hospital communal toilets and showers have signage. The toilets, showers and ensuites have easy clean flooring and fixtures and handrails appropriately placed. There are showers, toilets and shared ensuites throughout the facility with access to hand basin and paper towels. Bathrooms and ensuites are designed for hospital level and therefore also appropriate for rest home level residents.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Partial Provisional</p> <p>The rooms are spacious it can be demonstrated that wheelchairs, and mobility frames can be manoeuvred around the bed and personal space</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>Partial Provisional:</p> <p>The hospital wings have separate lounges and large separate dining rooms. Designated dining areas and kitchenettes are also available for relative's access. All lounge/dining rooms are also accessible and accommodate the equipment required for the residents. Activities occur throughout the facility. There are a number of lounge areas that can be accessed by rest home residents for privacy and group activities. Residents are able to move freely, and furniture is well arranged to facilitate this.</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>Partial Provisional</p> <p>All laundry is done off-site at another Bupa facility. Dirty laundry is collected daily and clean laundry is returned daily for folding and dispersing. Laundry and cleaning audits are completed as part of the internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals are stored in locked rooms. All chemicals are labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended. There are dedicated cleaning and laundry staff. Cleaning trolleys are well equipped and stored safely when not in use.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during</p>	FA	<p>Partial Provisional</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff with ongoing in-service training. There are adequate supplies in the event of a civil defence emergency including</p>

<p>emergency and security situations.</p>		<p>food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place.</p> <p>Oxygen cylinders enable residents to switch from concentrators to cylinders in the event of a power failure and there is a list of names and contact details of staff so that they can easily be contacted in an emergency. At least three days stock of other products such as incontinence products and PPE are kept. There is a store cupboard of supplies necessary to manage a pandemic.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Activities staff that go on outings with residents are also trained in first aid procedures.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Security systems are in place to ensure residents are safe</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>	<p>FA</p>	<p>Partial Provisional</p> <p>The facility has a mixture of underfloor, ducted heat pumps, radiators, and ceiling heating which can be controlled in each area/room; rooms are well ventilated and light. Facility temperatures are monitored.</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 scope of the service.</p>	<p>FA</p>	<p>Partial Provisional:</p> <p>The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service.</p> <p>The scope of the infection control programme policy and infection control programme description are available. There is a job description for the infection control coordinator. There is an established and implemented infection control programme that is linked into the risk management system. The infection control committee includes a cross section of staff all areas of the service.</p> <p>The IC programme is reviewed annually at an organisational level. The facility has access to professional advice within the organisation and has links with the GP's, Southern Community Lab (SCL), the infection control and public health departments at the local DHB.</p> <p>Regular audits have been conducted and education has been provided for staff. There is a staff health policy.</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 officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs. Systems in place are appropriate to the size and complexity of the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infections statistics are included for benchmarking. Corrective actions are established where trends are identified.</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 service has documented systems in place to ensure the use of restraint is actively minimised. There were ten residents using restraint (seven psychogeriatric residents with t-belts and three hospital residents with either a table top or bedrails) and one resident using bedrails as an enabler. The service has reduced restraint from 20 since the previous audit.</p> <p>All necessary documentation has been completed in relation to the enabler (link to 1.3.5.2). 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. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on RMSP/enablers has been provided.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, family and the GP. An internal restraint audit monitors staff compliance in following restraint procedures.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. T-belts are only put in place when necessary for the resident's safety. Monitoring forms and progress notes sighted identified regular review. This is an improvement since previous audit.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for residents requiring restraints and enablers.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	The service conducts a series of meetings, including two monthly staff meetings, quarterly quality meetings and weekly clinical meetings. Information around quality data and trend graphs are posted in the staff room. The staff meeting does not document that quality data and trends are discussed.	Staff meetings do not document the communication review of trends and discussion of key quality outcomes including incident data, and infection control.	Ensure that key quality information, trends and outcomes are communicated to staff through staff meetings. 90 days
Criterion 1.2.3.8 A corrective	PA Low	Incident forms are logged on the electronic system and reported monthly. Trends	The service currently has six pressure injuries logged at the time of audit (one resident had three). There was no corrective action plan implemented to manage the increase in pressure	Ensure that corrective action plans are established where an

action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.		are posted up in the staff room. Pressure injuries reviewed all had an associated incident forms, however the service had not noted the high number of pressure injuries and no corrective action plan had been documented	injury stats.	analysis of incidents identifies an increase risk/trends 90 days
Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	There is one hospital resident (SMI) self-medicating who has been assessed as competent by the RN and GP, however there is no documented evidence of three monthly review. Staff do check the pump regularly and therefore the risk has been assessed as low.	The self-medication competency assessment has not been reviewed three monthly.	Ensure self-medication competencies are reviewed three monthly. 90 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired	PA Moderate	Overall care plans reviewed documented interventions, to support identified risk and interRAI triggers, however interventions were not always identified to support all resident needs and support required. Short-term care plans had been completed for wounds, infections and short-term	The were no documented interventions for (a) two psychogeriatric (PG) residents current use of T-belt restraint; (b) one PG resident, the care summary did not reflect the use of bedrails restraint, (c) the presence of pressure injuries had not been documented on the care plan for two hospital residents (one resident with one pressure injury and one resident with three pressure injures), (d) there were no falls prevention strategies for one hospital resident identified as medium risk as per interRAI trigger, (e) there was no pain management plan for three residents who identified with pain	(a)-(b) Ensure care plans reflect the resident's restraint use including interventions to support identified risks, (c) ensure pressure injuries are documented on the plan of care, (d) and (e) ensure assessed needs and supports for risk (falls and pain) are included in the

outcomes identified by the ongoing assessment process.		needs.	(one respite, one hospital level and one PG resident).	plan of care. 30 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Moderate	Monitoring occurs for weight, vital signs, blood sugar levels, pain, challenging behaviour, repositioning charts, food and fluid, restraint and visual checks for resident whereabouts and neurological observations, however there are shortfalls around turning charts and completion of neurological observations.	(a) Turning charts had not been completed for two residents (one hospital resident with pressure injuries and the other a PG resident at high risk of pressure injury) and (b) neurological observations had not been completed as per protocol for six residents with unwitnessed falls (three hospital and three PG residents.)	(a) Ensure turning charts are in place to evidence pressure cares are completed as per the care plan instructions and (b) ensure neurological observation are completed as per protocol for unwitnessed falls. 30 days

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.