

Bupa Care Services NZ Limited - Eventhorpe Rest Home & 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:	Eventhorpe Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 September 2018 End date: 12 September 2018
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	73

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 Eventhorpe rest home and hospital are part of the Bupa aged care residential group. The service provides rest home and hospital level of care for up to 90 residents. On the day of the audit there were 73 residents.

The care home manager (non-clinical) has been in the role many years and is supported by an experienced clinical manager. The management team is supported by a regional operations manager.

The residents and relatives spoke positively about the staff and the care provided at Bupa Eventhorpe.

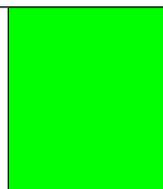
This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management,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

This audit identified areas for improvement around education attendance, volunteer training and interventions.

The service has been awarded a continuous improvement rating around activities.

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.

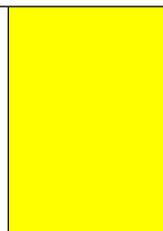


Standards applicable to this service fully attained.

The service functions in a way that complies with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code is readily available to residents and families. Policies are implemented to support residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Complaints and concerns are managed in accordance with HDC guidelines. Residents and relatives spoke positively about the care provided by staff.

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.

The facility operates a quality plan, which includes goals for the calendar year. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

An education and training programme is in place. Appropriate employment processes are adhered to. There is a roster that provides appropriate staff cover for the delivery of care and support. The residents' 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. Residents' files are protected from unauthorised access.

Continuum of service delivery

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

Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files included medical notes by the contracted GP and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts are reviewed at least three monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group.

All food and baking is done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

Safe and appropriate environment

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

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. The five double rooms and all single rooms are spacious and personalised. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and 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.
---	--	--

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were ten residents using restraints and six residents using enablers. Restraint management processes are being implemented.

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. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities. There have been no outbreaks.

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	1	47	0	2	0	0	0
Criteria	1	98	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Consumers’ Rights (the Code) policy and procedure is implemented. Discussions with the care home manager, clinical manager/RN, and fifteen staff (six caregivers (three on the AM shift and three on the PM shift), two registered nurses (RNs), one enrolled nurse (EN), one chef, one household supervisor, one laundry, two maintenance, one diversional therapist (DT) confirmed their familiarity with the Code and its application to their job role and responsibilities.</p> <p>Interviews with nine residents (eight rest home and one hospital) and five relatives (four hospital, one rest home) confirmed that the services being provided are in line with the Code. Aspects of the Code is discussed at staff meetings and resident/family meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information</p>	FA	<p>There is an informed consent policy. In all nine files reviewed, (five hospital including one younger person with physical disability and one younger person under long-term stay – chronic health conditions LTS-CHC and four rest home residents including one younger person, one private paying respite care and one resident under post-acute convalescence care – PACC contract), residents had general consent forms signed on file. Care staff were knowledgeable around informed consent. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive</p>

<p>they need to make informed choices and give informed consent.</p>		<p>policy.</p> <p>There was evidence in files reviewed of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. In the files reviewed, were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were on resident files where available.</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>	<p>FA</p>	<p>There is a policy that describes the role of advocacy services. Staff receive training on advocacy. Information about accessing advocacy services is available in the information presented to residents and their families during entry to the service. Advocacy support is available if requested.</p> <p>Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate. The complaints process reminds the complainant of their right to contact the health and disability advocacy service with contact details provided. There was one complaint lodged in 2018 (year to date) that reflected the involvement of an advocacy service associated with the DHB.</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>	<p>FA</p>	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Community links were evident and included (but were not limited to) local churches, the RSA, hospice, Aged Concern, the Salvation Army and local clubs.</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>	<p>FA</p>	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaint register. Only one complaint has been lodged in 2018 (year to date) around resident cares. This complaint included an investigation and meetings with family and advocacy services. Timelines determined by HDC were met, and corrective actions were actioned. This complaint was still open at the time of the audit.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and relatives</p>

		confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	There are posters displaying the Code in English and in Māori. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the Code is discussed with the resident and family. Information is provided in the information pack that is given to the resident and next of kin/enduring power of attorney (EPOA) to read and discuss.
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	The service has policies which align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff demonstrated gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented, and staff have undertaken training on abuse and neglect.
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 has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. The service has established links with local Māori advisors. Staff training includes cultural safety. A cultural assessment is completed during the Māori resident's entry to the service (sighted in two files of residents who identified as Māori). There was one resident who identified as Māori who was interviewed and acknowledged that their cultural needs were being met by the service.
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	FA	Bupa aged care facilities have established cultural policies that are aimed at helping to meet the cultural needs of its residents. Cultural events have been incorporated to celebrate the fourteen different cultures of staff and residents. All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment, including residents' cultural beliefs and values is used to develop a care plan which the resident (if appropriate) and/or their family/whānau are asked to consult on. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents.

ethnic, cultural, spiritual values, and beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with all staff 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>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the district health board which includes visits from specialists (eg, mental health services). A general practitioner (GP) and nurse practitioner (NP) visit the facility for four sessions each week (two sessions each). The GPs also provide urgent and out of hours requirements as needed. Physiotherapy services are provided two days (10 hours) per week. There are close links with hospice services.</p> <p>The facility placed 3rd in the New Zealand Bupa Care of the Home award in 2017. Additionally, they were highlighted as being the best in Australasia with a satisfaction score of 83%.</p> <p>There have been a number of improvements since their last audit including (but not limited to) new gardens and outdoor furniture, new medication trolleys, extension of CCTV cameras, the purchase of additional equipment to meet residents' needs, installation of a water tank for emergency water and purchase of an oxygen concentrator.</p> <p>The education and training programme for staff includes in-service training, impromptu training (toolbox talks) and competency assessments (link 1.2.7.5). The activities programme is provided to residents in the rest home and hospital seven days a week. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain independent.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to</p>	FA	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file.</p> <p>Incidents and accidents are recorded electronically using the Riskman database. Ten incidents/accident</p>

effective communication.		<p>forms selected for review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Eventhorpe is part of the Bupa group of aged care facilities. The care facility has a total of 90 beds, all suitable for rest home and hospital levels of care. Hospital level of care is certified for medical. During the audit there were 73 residents (31 rest home, 42 hospital). There were three (hospital) residents under the young person with a disability (YPD) contract, three residents (two hospital and one rest home) on the long-term support chronic health conditions (LTS-CHC) contract, one (rest home) resident on a post-acute convalescent care contract and one resident (rest home) privately paying respite care. All beds are dual-purpose.</p> <p>Bupa's overall vision and values are displayed in a visible location. All staff are made aware of the vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan. There are documented quality/health and safety goals that are reviewed monthly and signed off when achieved.</p> <p>The facility manager is a non-practising registered nurse (RN) who has many years of experience in the health sector. She has worked for Bupa since 2007 in a variety of management and leadership roles. She is supported by an experienced clinical manager/RN.</p> <p>The facility manager has maintained over eight hours annually of professional development activities related to managing an aged care service. Managers and clinical managers attend annual organisational forums and regional forums six-monthly.</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>In the absence of the care home manager, the administrative staff and the clinical manager/RN are in charge. For extended absences, a Bupa relieving care home manager is rostered. In the absence of the clinical manager, the staff RNs provide back-up support. Plans are in place to employ a unit coordinator/RN.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with the managers (care home manager, clinical manager, regional manager) and staff, confirmed their understanding of the quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures include reference to interRAI for an aged care service and meet current health and safety legislative requirements. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (eg, falls, medication errors, skin tears) are collated and analysed. Corrective actions are implemented where data reflects a need for improvement (eg, upward trend of residents' falls). Quality and risk data are shared with staff via meetings and posting results in the staff room.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by a Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented. Corrective actions from the last health check (17 May 2018) identified their implementation and were signed off by the care home manager.</p> <p>The health and safety programme covers specific and measurable health and safety goals that are regularly reviewed. The care home manager and one caregiver were interviewed regarding their role on the health and safety team. The health and safety team meet once a month. Staff undergo annual health and safety training which begins during their orientation. All staff are provided with information about their responsibility under the Health Safety at Work Act 2015. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. Bupa facilities have been awarded ACC work safety management practice at a tertiary level (expiry 31 March 2019).</p> <p>Strategies are implemented to reduce the number of falls. This includes (but is not limited to) ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, a lounge carer, physiotherapy input and intentional rounding. All residents have a falls risk assessment completed by a physiotherapist as part of their admission process. Although residents' falls have reduced over the past three years when comparing the annual average rate of falls (year to date), the trend in the total number of falls for 2018 have increased month by month since January 2018. The clinical manager reported that this increase was due to frequent fallers and a high resident acuity.</p>
<p>Standard 1.2.4: Adverse Event Reporting</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 10 accident/incident forms reviewed using the Riskman electronic database. Adverse events are trended and analysed with results communicated to staff. There is</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>evidence to support actions are undertaken to try and minimise the number of incidents. Unwitnessed falls include neurological observations.</p> <p>Discussion with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided (four pressure injuries, one police investigation).</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>PA Low</p>	<p>There are human resource management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Ten staff files reviewed (four caregivers, two RNs, one clinical manager, two cleaners, one activities coordinator) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and signed job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The education programme offered is extensive and includes in-service training, competency assessments, and impromptu (tool box) talks. Attendance at in-services is low.</p> <p>Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQA) requirements. They are registered to complete their Careerforce level two certificate within three months of their employment. Seventy percent of caregivers have completed this qualification and a further 9% are enrolled for level three. Sixteen percent have achieved a level three, based on their recognition of prior learning (overseas qualification) and 16% of caregivers hold a dementia qualification.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed their food safety training on site. Chemical safety training is included in staff orientation and as a regular in-service topic. Seven of eleven RNs have completed their interRAI training.</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</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place.</p> <p>The clinical manager is a registered nurse and is employed full time (Monday – Friday).</p> <p>Rest Home ward (occupancy rest home 31): AM shift: one RN (three days a week) and one EN (three days a week) with a senior caregiver on the seventh day. PM shift: one EN (one day a week) and a senior caregiver six days a week. They are supported by a team of caregivers: AM: one long shift and two short shift caregivers (0700 – 1330 and 0700 – 1000); PM: two (short) caregivers (1500 – 2030 and 1700 – 2030) and</p>

<p>providers.</p>		<p>one caregiver on the night shift.</p> <p>Hospital wards one and three: (occupancy 27 residents including three rest home level): One RN covers the AM, PM and night shifts. Caregivers: AM: two long and two short (0700 – 1330); PM: one long and three short and one caregiver on nights.</p> <p>Hospital ward two: (occupancy 15 hospital): One RN covers the AM and PM shifts. Caregivers: AM: three long and one short; PM one long and two short shifts.</p> <p>Floating staff are available to cover if needed (eg, absences) with one floater on the rest home and four floaters for the hospital wards. Activities staff are rostered seven days a week. Separate cleaning and laundry staff are rostered.</p> <p>Residents and family members identified that staffing is adequate to meet the needs of residents although the staff are very busy. Caregivers on the AM shift remarked that there are days that they are unable to get all residents up and out of bed by 1130 due to the high acuity of hospital level residents. Management described how this was managed.</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>	<p>FA</p>	<p>The residents' 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. Residents' files are protected from unauthorised access. Informed consent to display photographs is obtained from residents/family/whānau on admission. Information containing sensitive resident information, is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant caregiver or RN. Individual resident files demonstrate service integration.</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>	<p>FA</p>	<p>There is a comprehensive admission policy. All residents have a needs assessment completed prior to entry that identifies the level of care required. The care home manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The clinical manager now completes a pre-admission assessment for all short-stay residents, which involves a visit to the hospital or home, clinical handover and completing a medication chart. The introduction of this short-stay model of care ensures a seamless transition to the service.</p> <p>An information pack including all relevant aspects of the service, advocacy and health and disability information is given to residents/families/whānau at entry. All relatives interviewed were familiar with the contents of the pack. The admission agreement provides information on services which are excluded, and examples of how services can be accessed that are not included in the agreement. Short-stay agreements</p>

		were completed for short-stay residents.
<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>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge was well documented in progress notes.</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>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, enrolled nurse and senior caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications in the hospital wings. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in each of the facility medication rooms. The medication fridges are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. One rest home and two hospital residents were self-medicating on the day of audit and had self-medication assessments in place authorised by the GP. Standing orders are not used.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly. Each drug chart has a photo identification and allergy status identified.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of</p>	FA	<p>Bupa Eventhorpe employs a chef manager to oversee the on-site kitchen adjacent to the rest home dining room. Meals are served from the kitchen bain maries directly to the rest home residents on warmed plates. Meals to the hospital wings are plated in the kitchen and covered with insulated lids before being delivered on a trolley to the dining room and rooms. There is a seasonal four-week winter and summer menu (main meal at night with light lunch), which is reviewed by a dietitian at organisational level. A resident nutritional profile is developed for each resident on admission and this is provided to the kitchen staff by registered nurses. The kitchen is able to meet the needs of residents who require special diets and the chef works</p>

<p>service delivery.</p>		<p>closely with the registered nurses on duty. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan dated 30 April 2018. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller and freezers. Resident meetings, surveys and the food comments book allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food.</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>The reason for declining service entry to potential residents should this occur, is communicated to the potential resident or family/whānau and they are referred to the original referral agent for further information. The reasons for declining entry would be if the service had no beds available or could not provide the level of care.</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>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. The assessment booklet includes; falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. InterRAI assessments had been completed for all files reviewed within timeframes and areas triggered were addressed in care plans reviewed.</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 nine files reviewed, the assessments completed on admission had been used to plan care for the resident. Care plans reviewed were comprehensive and were integrated with other allied health services involved in resident care. Relatives and residents interviewed all stated they were involved in the planning of resident care. In all files reviewed there is evidence of resident and relative involvement in care planning. Activity assessments were completed by the activities staff within three weeks of admission. 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>

		<p>The two files reviewed of residents under 65 years of age (YPD and LTS-CHC) were resident-centred, including interventions to support ADLs and medical needs. The care plan also identified specific goals around activities and community involvement. Resident-centred goals were reviewed at the multi-disciplinary review (MDR) meetings with the residents.</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>	PA Low	<p>The registered nurses complete care plans for residents. Progress notes in all files reviewed 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. Short-term care plans are documented for changes in health status. Care plans reviewed documented sufficient detail to guide care staff in the provision of care, however weight loss had not been identified for one hospital resident. A physiotherapist is employed to assess and assist resident's mobility and transfer needs.</p> <p>There was evidence of wound nurse specialist involvement in chronic wounds/pressure injuries. In the hospital, there were skin tears, surgical wound, ankle wound and one unstageable pressure injury (community acquired). There were no wounds in the rest home at time of audit. All wounds had wound assessments, management plans and ongoing evaluations completed, however not all wound assessments had been completed by staff deemed competent to do so.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Monitoring charts sighted included (but are not limited to), vital signs, blood glucose, pain, food and fluid, turning charts, neurological observations, bowel monitoring and behaviour monitoring.</p> <p>Family members interviewed stated they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. There was documented evidence of relative contact for any changes to resident health status on the family/whānau contact form held in the residents' files.</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</p>	CI	<p>The service employs a diversional therapist (DT) to oversee a team of activity assistants who implement the Bupa activity programme. There are two activity assistants on each day Monday to Friday and one activity assistant for three hours Saturday and Sunday morning. There are set Bupa activities including themes and events. A monthly activities calendar and newsletter is distributed to residents and is posted on noticeboards. Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The activity</p>

<p>to their needs, age, culture, and the setting of the service.</p>		<p>team have the flexibility to add activities such as an art group, men's group, knitting group, multi-sensory group, mediation group and music therapy group. Music therapy has proven to be beneficial for the group of residents attending the weekly sessions. The multi-sensory group involves one-on-one time (hand/foot massage, relaxing music, aromatherapy and reminiscing for residents who are not able to participate in larger group activities.</p> <p>The service has a van which is used for resident outings. There are two outings a week into the community and places of interest. Community visitors include entertainers, church services, pre-schoolers, youth group, RSA and pet therapy visits. Activities for younger people include supporting them with shopping and supporting them to attend the community groups.</p> <p>The diversional therapist 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. An activities plan is completed within timeframes, a monthly record of attendance is maintained, and evaluations are completed six-monthly.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans were reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status, in six of nine files sampled. Two residents on short-stay contracts did not require care plan evaluations. One hospital resident had not been at the service six months. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities coordinator, resident and family members and any other relevant person involved in the care of the resident. The house GP examines his residents and reviews the resident at least three monthly. Short-term care plans are in use for acute and short-term issues. These are evaluated at regular evaluations.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is</p>	<p>FA</p>	<p>Bupa Eventhorpe facilitates access to other medical and non-medical services. Referral to other health and disability services is evident in the sample group of resident files. The RNs initiate referrals to nurse specialists, and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed, and the resident was reassessed from rest home to hospital.</p>

appropriately facilitated, or provided to meet consumer choice/needs.		
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets were readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A spills kit is available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current building warrant of fitness, which expires on 1 December 2018. A request book for repairs is maintained and signed off as repairs are completed. There is a full-time and part-time maintenance officer who carry out the 52-week planned maintenance programme. There is a maintenance officer on call after hours for urgent matters. The checking and calibration of medical equipment including hoists, has been completed annually. All electrical equipment has been tested and tagged. Hot water temperatures have been tested (randomly) and recorded fortnightly with corrective actions for temperatures outside of the acceptable range. Preferred contractors are available 24/7.</p> <p>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. There is outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. The external areas are well landscaped with courtyard gardens, a memorial garden, sensory garden and covered outdoor conservatory. There is a designated resident smoking area.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment required to provide the care documented in the care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate</p>	FA	<p>All resident rooms have hand basins. There is a mix of ensembles and shared communal toilets and showers. There is one large shower room in the hospital area that can accommodate a shower trolley as required. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Communal toilet facilities have a system that indicates if it is engaged or vacant. Residents interviewed reported their privacy is maintained at all times.</p>

<p>toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</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>There are five double rooms in the hospital with privacy curtains in place. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. 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, as observed during the audit.</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>Communal areas within the facility include a rest home and hospital dining room, rest home and hospital lounge and family/whānau room with tea/coffee making facilities. The communal areas are easily accessible for residents. Seating and space are arranged to allow both individual and group activities to occur. There is a hairdresser/pampering room and a second lounge where smaller group activities can take place.</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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry operates from 0800 – 2200 with two laundry persons (one morning shift and one afternoon shift) seven days a week. The laundry has a dirty to clean work flow and entry and exit doors. All linen and personal clothing is laundered on site. The chemical provider monitors the effectiveness of the laundry process. The household supervisor oversees the housekeeping/laundry team. Cleaning trolleys are kept in designated locked cupboards when not in use. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits also monitor the effectiveness of the cleaning and laundry processes.</p>

<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>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire drills are scheduled every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff.</p> <p>There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. A water tank is being installed as a resource for emergency water use.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Activities and maintenance staff are also trained in first aid and CPR procedures.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Call bells are regularly checked by the caregivers to ensure that residents have access to them, and that the call bells are firmly attached to the wall. Plans are in place to upgrade the call bell system in 2019.</p> <p>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>The facility has ceiling panels throughout the resident rooms and communal rooms. There is plenty of natural light in residents' rooms. Some rooms open out onto courtyards. Fans have been installed into residents' rooms for cooling in summer.</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>	<p>FA</p>	<p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well-informed about infection control practises and reporting. The infection control coordinator (RN) is responsible for infection control across the facility. The infection control committee and the Bupa governing body is responsible for the development and review of the infection control programme.</p> <p>Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. Residents are offered the influenza vaccine. There have been no outbreaks.</p>

scope of the service.		
<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>There are adequate resources to implement the infection control programme at Eventhorpe. The infection control committee meet monthly. The IC coordinator has attended an infection control update at the DHB November 2017. External resources and support are available through the Bupa quality & risk team, external specialists, microbiologist, GPs and nurse practitioners, wound nurse and DHB when required.</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 defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policies are updated regularly and directed from head office.</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>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff (link 1.2.7.5).</p> <p>The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking.</p> <p>Consumer education is expected to occur as part of the daily cares.</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>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data including trends, analysis and corrective actions/quality are discussed at staff and clinical meetings.</p> <p>Infections are entered into the electronic database 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>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were ten hospital level residents using restraints and six hospital level residents using bedrails as enablers.</p> <p>A registered nurse is the restraint coordinator. He has been in this role for four years and understands strategies around restraint minimisation. Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on RMSP/enablers has been provided. Restraint is discussed as part of staff meetings and in separate, monthly restraint meetings.</p> <p>One file of a resident using an enabler reflected evidence of an assessment, consent process and six-monthly reviews. The enabler was linked to the resident's care plan.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. The roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood, evidenced in interviews with the restraint coordinator and care staff. Restraint processes identify the indications for restraint use, consent process, duration of restraint and monitoring requirements. Staff are required to complete a restraint competency every year.</p>

and this process is made known to service providers and others.		
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Assessments are undertaken by the registered nurses in partnership with the resident and their family/whānau. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. There is a restraint assessment tool available, which is completed for residents requiring an approved restraint for safety. Ongoing consultation with the resident and family/whānau is also identified.</p> <p>A restraint assessment form is completed for those residents requiring restraint (sighted). Assessments consider the requirements as listed in criterion 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. Monitoring and observation are included in the restraint policy. There are approved restraints documented in the policy (low beds, bed rails, and lap belts).</p> <p>The restraint coordinator is responsible for ensuring all restraint documentation is completed. The approval process includes ensuring the environment is appropriate and safe. Assessments identify the specific interventions or strategies to try (as appropriate), before implementing restraint. Restraint authorisation is in consultation with the resident (as appropriate) and/or family/whānau and the facility restraint coordinator. Restraint use is reviewed three-monthly during the facility restraint meetings and also as part of the three-monthly resident reviews.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring requirements are documented, and the use of restraint evaluated regularly by Bupa, in keeping with its intentions to minimise restraint usage. Each individual has their own register of restraint or enabler use which provides an auditable record.</p> <p>Two resident files were selected of residents using restraint (one resident with a low bed/mattress on the floor, and one resident using a low bed and lap belt). Restraint assessments were completed, consent for restraint was obtained, and the risks associated with restraint use were documented in the residents' care plans. Residents were being monitored two hourly while restraint was being used, evidenced on monitoring forms.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all</p>	FA	<p>The restraint evaluation considers the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the ongoing reassessment for residents on the restraint register, and as part of their care plan</p>

<p>episodes of restraint.</p>		<p>review. Families are included as part of this review where possible.</p> <p>One of the two resident files reviewed had been using restraint for over three months and evaluations had taken place a minimum of three monthly.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Restraint usage throughout the Bupa organisation is monitored regularly. The review of restraint use across the Bupa facilities is discussed at the regional restraint approval group meetings. Reduction of restraint is an ongoing target as staff work to reduce the number of restraints. The organisation and facility are proactive in minimising restraint while also keeping residents safe. A restraint education and training programme is in place, which includes restraint competencies.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	<p>Education and training in-services cover a range of topics, impromptu toolbox talks, and annual competencies. Attendance at a selection of in-service topics is low with caregivers stating that courses are offered at one time only and they are often unable to attend.</p> <p>Volunteers assisting with feeding residents have not been provided with training. They were observed feeding residents in a separate area, unsupervised by staff. They reported that they have not been offered any training.</p>	<p>i) Attendance at in-service training over the past two years reflects very low attendance rates. Examples include the following; attendance around the Code of Rights was nine (2017) and seven (2018); cultural awareness nine (2017) and seven (2018); pain assessments for qualified staff was three (2018), infection control was eight (2018) and 15 (2017).</p> <p>ii) Two volunteers assist with feeding residents who are unable to feed themselves. These volunteers have not been provided with training</p>	<p>i) Staff attendance rates at in-services need to reflect high uptake for staff attendance.</p> <p>ii) Ensure that volunteers who assist with feeding residents are given training.</p>

			around feeding residents pureed food and the risks involved.	90 days
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	<p>Nutritional assessments are completed on admission and dietary profiles completed and forwarded to the kitchen. Dietary supplements and additional high protein/high calorie foods are provided on RN/dietitian instruction. Food and fluid charts were viewed. Residents are weighed monthly or more frequently as required/instructed; however, weight loss had not been identified for one hospital resident on PEG feeds. Wound evaluations had occurred at the required frequency, however not all wound assessments had been completed by an RN or enrolled nurse. The RN countersigns the enrolled nurse assessments.</p>	<p>(i) There is no short-term plan in place for one hospital resident with unintentional weight loss and who receives PEG feeds. The GP or dietitian have not been notified of any weight loss as per the care plan; and (ii) initial wound assessments for four current wounds being managed, have been completed by caregivers.</p>	<p>(i) Ensure unintentional weight loss is managed, and (ii) Ensure wound assessments are completed by the RN or enrolled nurse deemed competent.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The service has introduced “music moves me” into the activity programme for all residents. Feedback and individual evaluations evidence the activity has had beneficial effects for those residents participating in the programme.</p>	<p>A music therapist (student) from the music movement trust visits the facility one day per week. She spends individual time with residents in the morning and larger groups in the lounges in the afternoons. Residents choose songs and play percussion instruments with the music. There have been seven residents regularly receiving one-on-one time with the music therapist (who was present on the day of audit). The music therapist completed an analysis of the benefits/outcomes (as part of the programme progress) for the residents. Outcomes included; (i) five of seven residents showed an increase in verbal responses, (ii) four of seven residents showed increase in activities capturing, and (iii) four of seven residents showed they were relaxed and smiling during sessions. All ratings were 3 (high response) or 4 (significant response). The programme has been successful in providing a meaningful activity.</p>

End of the report.