

Bupa Care Services NZ Limited - Kauri Coast Hospital & Rest Home

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: Kauri Coast Hospital & Rest Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 31 January 2019 End date: 1 February 2019

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 51

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

Kauri Coast Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 52 residents. On the day of audit, there were 51 residents.

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

The care home manager has been in the role since 2017. The clinical manager has been in the role since 2017. The managers are supported by the operations manager.

There are quality systems and processes documented that are structured to provide appropriate quality care for people who use the service. Quality initiatives are being implemented, which provide evidence of improved services for residents. There is an orientation and in-service training programme documented that provides staff with appropriate knowledge and skills to deliver care and support.

Two areas for improvement have been identified around; timeframes for assessments and self-medicating residents.

The service has achieved a continuous improvement around maintaining a restraint-free environment.

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.

Residents receive services in line with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). The systems protect their physical privacy and promote their independence. There is a documented Māori health plan in place which acknowledges the principles of the Treaty of Waitangi. Individual care plans include reference to residents' values and beliefs.

Residents and relatives are kept up-to-date when changes occur or when an incident occurs. Systems are in place to ensure residents are provided with appropriate information to assist them to make informed choices and give informed consent.

A complaints policy is documented that aligns with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). A complaints register is maintained.

Consents are documented by residents or family and there are advance directives documented if the resident is incompetent to complete.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

There is a strategic plan and annual quality, and risk management plans are in place. These define the scope, direction and objectives of the service and the monitoring and reporting processes.

The care home manager and the clinical manager provide leadership, and both are registered nurses with a current practising certificate.

There is a documented quality and risk management system in place. There are a range of policies, procedures, and forms in use to guide practice. Quality outcomes data is collected and tabled at relevant meetings. An internal audit schedule is in place with audits completed as per schedule. Adverse events are documented.

The human resource management system is documented in policy with recruitment completed as per policy. There is an annual training plan that is implemented. Staff have annual performance appraisals.

There is a clearly documented rationale for determining staff levels and staff mix to provide safe service delivery in the rest home and hospital. An appropriate number of skilled and experienced staff are allocated to each shift.

Resident information can be stored securely when not in use.

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.

There is an admission package provided to relatives and residents prior to or on entry to the service. 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. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

There is a comprehensive activity programme that includes activities for younger people. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the residents.

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. 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.

Kauri Coast has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six-monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided.

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.		All standards applicable to this service fully attained with some standards exceeded.
---	--	---

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort with the focus being on maintaining a restraint free environment. Staff receive regular education and training on restraint minimisation and around management of challenging behaviour. During the audit there were no residents using restraints and six residents using an enabler (bedrail).

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. This includes audits of the

facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

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	42	0	2	0	0	0
Criteria	1	90	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) brochures are accessible to residents and their families. Policy relating to the Code is implemented. Staff interviewed including four caregivers, two registered nurses (RN), one activities coordinator, the cook, maintenance staff, the clinical manager, northern one regional operations manager and the care home manager could describe how the Code is incorporated into their everyday delivery of care.</p> <p>Staff receive training about the Code during their induction to the service, which continues annually through the staff education and training programme.</p>
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give	FA	<p>There is an informed consent policy. Consent is included in the admission agreement and sought for appropriate events and treatment. Staff were observed to use verbal consent as part of daily service provision. Staff interviewed demonstrated an understanding of informed consent processes.</p> <p>Residents and relatives confirmed that consent issues are discussed with the relatives and residents on admission. Consent forms are shown to them on admission and thereafter as relevant. All residents' files reviewed included documented written consent.</p> <p>Residents deemed competent by the general practitioner have the choice to make an advance</p>

informed consent.		directive. In records reviewed, all competent residents have an advance directive. The resident signs these. The general practitioner has made a decision for some residents as not for resuscitation with this noted as being a clinical medical decision.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Health and Disability Advocacy provides 6 monthly sessions for residents at resident meetings. Staff receive education and training on the role of advocacy services.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in as much as they desire and can safely do. Resident meetings are held at regular 6 weekly intervals with family invited to attend. The service encourages the community to be a part of the residents' lives in the service with visits from entertainers.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. There were three complaints received in 2018 and all reviewed confirmed that there was evidence of appropriate follow-up actions taken and written responses to the complainant as per policy.</p> <p>There have not been any complaints from external authorities since the last audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	FA	Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at entrance to the facility. The care home manager, the clinical manager and registered nurses discuss aspects of the Code with residents and

rights.		<p>their family on admission as confirmed by staff interviewed.</p> <p>Discussions relating to the Code are held during the resident/family meetings. All eleven residents (six rest home level and five hospital level including one identified as a young person with a disability) and two relatives (one hospital and one rest home) interviewed, reported that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents are treated with dignity and respect. Privacy is maintained, and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and a variety of church services are held.</p> <p>There is a policy on abuse and neglect. Staff can describe responsibilities around reporting if any abuse or neglect is identified. Staff have received training around abuse and neglect. There were no incidents of abuse nor neglect reported in incident forms reviewed nor any documented on the complaints register. Residents, staff and family interviewed confirmed that there is no evidence of abuse or neglect. The general practitioner (GP) interviewed confirmed that there was no evidence of abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident.</p> <p>Māori consultation is available through the documented iwi links, through the district health board and Māori staff who are employed by the service. A kaumātua provides support and practical application of tikanga with the kaumātua able to describe their role.</p> <p>Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents. There are Māori residents identified in the service and four residents interviewed who identified as Māori stated that their cultural values and wishes were upheld. Māori staff interviewed confirmed that they can converse in Māori and that they believe that resident values are upheld.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p> <p>Staff interviewed emphasised a focus on using simple language and giving simple choices for residents who struggle with communication. One resident interviewed was very hard of hearing and they stated that staff were very considerate and rather than yelling at them, came closer to communicate.</p> <p>All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p>
<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 caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is an infringement with the person concerned. Residents and relatives reported that staff maintain appropriate professional boundaries, including the boundaries of the caregiver role and responsibilities.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>There are policies and procedures to guide practice. These align with the Health and Disability Services Standards. Policies are reviewed as changes to legislation or practice occurs with these updated at regular intervals. Clinical staff have access to the internet and external expertise if they need to consult and/or gain further clinical knowledge or advice with this able to be described by clinical staff.</p> <p>The Bupa head office staff including the northern one regional operations manager provide support for the service with meetings on site with the clinical and care and home managers at least six to eight weekly and as required.</p> <p>The education programme includes mandatory training requirements for staff and other significant clinical aspects of care delivery. Staff interviewed confirmed that the facility is a learning environment that meets their needs.</p> <p>Family members interviewed confirmed they are very happy and satisfied with the care provided to their relatives and expressed a satisfaction with the care delivered.</p> <p>Quality initiatives completed in 2018 or those in progress confirm that changes are made to service</p>

		<p>delivery based on evidence and best practice. This includes improvements made to improve patient safety.</p> <p>Service improvements have included; (i) Increased education around pressure injury prevention and care. RNs explained that they are very proactive in preventing pressure injuries and any resident with an assessed high risk has a specific mattress provided according to the risk. The service has no residents with pressure injuries. (ii) Weekly clinical meeting has been implemented and RNs interviewed explained how they discuss all high-risk residents at the meeting to ensure appropriate care has been implemented. (iii) A memorial book has been implemented, when a resident passes away a poem is written and put in the memorial book. The poem is read out at the tangi by representing Kaumātua and a copy remains with the family along with photos. They hold a memorial church service six monthly where the poems and photos are displayed.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed (December 2018 and January 2019), identified family are kept informed. Relatives interviewed, stated that they are kept informed when their family member's health status changes. All praised the managers for their ability to communicate on a very regular basis.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance. Family visits their relative a number of times each day to interpret for staff and to talk with one resident identified as being non-English speaking. The care home manager also confirmed that external interpreters would be accessed if there was a need.</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. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and	FA	Kauri Coast Care Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 52 residents at hospital and/or rest home level of care. On the day of the audit there were 51 residents (32 hospital residents and 19 rest home residents). One hospital resident is funded through ACC; one is funded as a young person with disability; there is a respite resident who is also

appropriate to the needs of consumers.		<p>under the mental health team; one resident using the planned respite bed identified as hospital level of care (district health board short-stay funded bed).</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>Kauri Coast is part of the northern one Bupa region and the managers from this region meet two monthly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly and monthly report to the northern one regional operations manager. The northern one regional operations manager visits six to eight weekly to provide support to the managers at the facility.</p> <p>A quarterly report is prepared by the care home manager and sent to the Bupa quality and risk team on the progress and actions that have been taken to achieve the Kauri Coast quality goals.</p> <p>The care home manager has been in the role since April 2017, with previous experience as the clinical manager. The care home manager is a registered nurse who has worked in the health and disability sector for over 10 years.</p> <p>The clinical manager (CM) has been in the role since 2016 with experience for a further two years in the service as a registered nurse. The CM has previous aged care management experience.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</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>The clinical manager who is employed full time, supports the care home manager, and steps in when the care home manager is absent with support from the northern one regional operations manager.</p> <p>The service operational plans, policies and procedures promote a safe and therapeutic focus for residents affected by the aging process and promotes quality of life.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	FA	<p>A quality and risk management programme is established. A quality plan is documented annually with documentation reviewed confirming that a review of the 2018 plan has been completed. Interviews with the managers and staff reflect their understanding of the quality and risk management systems.</p> <p>Quality goals in 2018 included a focus on reducing or minimising risk of pressure injuries by</p>

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>implementing interventions within a timely manner, to prevent further break down of the skin due to a Coroners and HDC case that took place in 2014. The staff have improved skin assessments on admission, training of skin care and educating staff on how to test the skin for blanching/non-blanching to ensure that accurate data is reported. A senior registered nurse has been appointed as a wound management champion and they ensure that processes and communication around wound management is reviewed through weekly clinical review meetings, registered nurse and unit meetings. Another annual goal was to become restraint free and this has been achieved for the past six months. Falls have also been reduced with implementation of new strategies and improved resources such as pull string bed monitors, chair alarms, more sensor mats, increased regular observation monitoring times if necessary, and an improvement in the number of activities offered.</p> <p>There are annual resident and family satisfaction surveys. The customer feedback survey for 2018 identified that Kauri Coast was the second-best Bupa service. Overall satisfaction was rated as 84%; 85% satisfaction with staff, their room and quality of care; 87% satisfaction with their relationship with home. An action plan has been put in place to address recommendations and suggestions raised through the survey.</p> <p>Indicators are monitored at least monthly and those reviewed include, for example, complaints, incidents and accidents, resident falls, infection rates, restraint use, pressure areas, wounds, and medication errors. The results from Kauri Coast are benchmarked against other like Bupa facilities. Data is analysed and discussed and used to improve service delivery. The service has continued to hold weekly meetings with the management team and with the nurses on duty. They review all residents regarding past events and possible actions for the following week. The management team meets monthly with the qualified nurses and they discuss clinical issues, staffing issues, (new) nursing development, leadership issues and interRAI.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data are benchmarked. Meeting minutes reviewed identify follow-through actions on quality data/trends and results of internal audits. Corrective actions are implemented when service shortfalls are identified and signed off when completed.</p> <p>Falls prevention strategies are in place. A health and safety system is in place. Hazard identification forms and a hazard register are in place.</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>	FA	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends with improvements made to service delivery when trends are identified.</p> <p>Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are taken if there is an unwitnessed fall, if there is a head injury or for any other reason identified by the care staff.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. There have been three section 31 notifications for suspected deep tissue injuries since the last audit.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files (clinical manager, care home manager, two RNs, two caregivers, a cook and activities coordinator) reviewed, evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. New staff are buddied for a period of time (eg, caregivers two weeks, RN four weeks), and during this period they do not carry a clinical load. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. From this, they are then able to continue with Core Competencies Level 3, unit standards. These align with Bupa policy and procedures.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. The caregivers undertake Aged Care Education (Careerforce). RNs attend six monthly training through Bupa.</p> <p>The care home manager, clinical manager and one RN have completed the interRAI training. The service had a high turnover of registered nurses in 2018 and has struggled to recruit registered nurses with interRAI training (link 1.3.3.3).</p> <p>A competency programme is in place with different requirements according to work type (eg, support work, registered nurse, and cleaner). Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files).</p>

		<p>RN competencies include (but not limited to), wound, medication administration and restraint competencies.</p> <p>The service has a goal for 2019 to improve attendance at training, however, in 2018 other strategies were offered to ensure that staff completed training. These included completion of self-learning, around topics offered.</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>	FA	<p>The staffing levels meet contractual requirements. The clinical manager is on-call after hours with other registered nurses. The care home manager and clinical manager are available during weekdays. Adequate RN cover is provided 24 hours a day, seven days a week with a registered nurse on each shift.</p> <p>There is a total of 53 staff including 27 caregivers, 7 registered nurses, 10 household staff (cook, cleaner, laundry staff) and 2 activity staff.</p> <p>Sufficient numbers of caregiver's support RNs. There is a team leader (senior caregiver) allocated to the morning and afternoon shifts in the rest home. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p> <p>All beds are dual-purpose</p> <p>Rest home: AM – there are three caregivers and one team Leader (senior caregiver). PM: There are two caregivers and one team leader (caregiver); on night: there is one caregiver.</p> <p>hospital: There is one RN and four caregivers including two on short shifts; PM: one RN and three caregivers (one short shift, and two long shift); on night – there is one RN and one caregiver.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas.</p> <p>Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</p>

<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Admission agreements reviewed (for long-term residents and respite residents) align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Short-term resident files include, details of medications, details of property (valuables) and an overall transfer form for the resident and family to have, plus any details of any specialist referrals made.</p> <p>The residents and their families were involved for all exit or discharges to and from the service.</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>	PA Low	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Care staff who administer medications (RNs and senior caregivers) have been assessed for competency on an annual basis. Registered nurses have completed syringe driver training. Education around safe medication administration has been provided annually. There is evidence of medication reconciliation on delivery of robotic roll medications against the medication chart. All medications are stored safely in the one medication room. The expiry dates of the bulk supply order medications were checked regularly. The medication fridge temperature is checked daily. There were four self-medicating residents on the day of audit. Not all of the self-medication assessments and consents were reviewed three monthly.</p> <p>Sixteen medication charts reviewed on the computerised system had photo identification and allergy status documented on the chart. The computerised administration sheets corresponded with the medication charts. All medication charts evidenced three monthly GP review.</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</p>	FA	<p>The food service is managed by the kitchen manager who is supported by cooks and kitchen assistants. Food services staff have attended food safety training. The food control plan has been verified and expires 22 September 2019. All meals and baking are prepared and cooked on site. A dietitian has reviewed the menu. The kitchen receives a resident dietary profile and is notified of any dietary changes. Resident dislikes are accommodated. The kitchen staff were able to describe alternative menu choices available for residents, (eg, a monthly Māori boil up, dahl for the Indian</p>

component of service delivery.		<p>resident as well as vegetarian meals, gluten free, diabetic and puree, soft and minced meals).</p> <p>Meals are transported in hot boxes by the service lift to the kitchenettes in the rest home and hospital dining room.</p> <p>Fridge, freezer, chiller and cooked temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and facility kitchenette fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A cleaning schedule and task list is maintained.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>The kitchen has been refurbished with new flooring and an air conditioner.</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>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>An initial assessment booklet is completed by an RN on admission including relevant risk assessment tools. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident/relative and significant others. InterRAI assessments and assessment notes were in place for the long-term resident files reviewed including the younger person (link 1.3.3.3). The long-term care plans reflected the outcome of the assessments. Two respite care resident files included a short-stay nursing assessment</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident care plans in all long-term files were individualised and resident focused. All resident files reviewed included a comprehensive care plan that reflected the interRAI assessments, issues identified through progress notes and issues identified through GP and allied health assessed needs.</p> <p>Two younger person's files reviewed reflected their younger persons needs and included community links. The short-term resident files reflected their assessed and stated needs.</p> <p>Short-term care plans were in use for changes to health status to guide staff in the delivery of care for</p>

		<p>short-term needs. 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, district nurses and wound nurse specialist.</p>
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<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 GP visits, infections, accidents/incidents and medications.</p> <p>Dressing supplies were sighted in the treatment rooms. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes and photos as applicable, were in place for 12 residents in one wing and 18 in the other wing. There were no identified pressure injuries. The wound logs included recently healed wound for daily checking as well as ongoing wounds.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Short-term care plans document appropriate interventions to manage short-term changes in health.</p> <p>Monitoring occurs for weight, vital signs, bowel records, blood sugar levels, pain, challenging behaviour, repositioning charts and food and fluid charts.</p>
Standard 1.3.7: Planned Activities 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.	FA	<p>A coordinator implements the Monday to Friday integrated rest home/hospital activity programme. Care staff assist hospital level residents to activities and entertainment of their choice. One-on-one contact is made with residents who are unable or choose not to participate in activities. Activities include (but are not limited to) news and views, exercises, reminiscing, board games, quizzes, movies and entertainment. Community links are maintained and religious services. There are van outings in the wheelchair access van to the movies, garden centres, parks and shopping trips. One younger resident has assistance from ACC to access the community, one other younger person praised the activities and how the service supports the resident to maintain as much independence as possible.</p> <p>The service has purchased a mobility scooter for residents to use. Residents who use the scooter have a competency completed to ensure their safety.</p> <p>A resident activity assessment and Map of Life is completed on admission. Socialising and activities</p>

		<p>are included in the long-term care plan. The activity coordinator is involved in the six-monthly review. The service receives feedback and suggestions for the programme through surveys, the food forum and resident meetings. Families are encouraged to be involved in the activity programme, outings and events such as the movie nights.</p> <p>Residents interviewed were positive about the activity programme provided.</p>
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans reviewed, had been evaluated by RNs six-monthly, or when changes to care occurred. Written evaluations describe the resident's progress against the resident's (as appropriate) identified goals. Care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The GP reviews residents at least three-monthly or when there is a change in health status. The family members interviewed confirmed they are invited to attend the GP visits and multidisciplinary care plan reviews.
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 appropriately facilitated, or provided to meet consumer choice/needs.	FA	<p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Transfer information includes; a transfer checklist, level of care, and a copy of the medication chart.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service. There is evidence of the service referring residents for re-assessment for a higher level of care.</p>
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Product use charts were available, and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.

<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 service displays a current building warrant of fitness. Hot water temperatures are checked weekly. Medical equipment and electrical appliances have been tested, tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there is adequate equipment to carry out the cares, according to the resident needs, as identified in the care plans.</p> <p>The service continues with significant environmental upgrade. These have included; new furniture both inside and outside, repainting and resident room refurbishment.</p> <p>A mobility scooter has been purchased to assist residents to access the community, all residents who wish to use the scooter have a competency completed and GP signoff.</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>	FA	<p>There is a combination of ensuite rooms and rooms without ensuites. There are sufficient numbers of resident communal toilets and showers in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include vacant/in-use signs.</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>The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms are personalised.</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</p>	FA	<p>There is a lounge and dining room for both rest home and hospital level residents. The dining rooms and lounges are spacious. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they are able to move around the facility, and staff assisted them when required. Activities take place in any of the lounges.</p>

their relaxation, activity, and dining needs.		
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There is a sluice and separate laundry area where all linen and personal clothing is laundered by designated laundry staff. Staff have attended infection control education and there is appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	<p>Emergency and disaster policies and procedures are in place. An approved fire evacuation plan is in place. Fire evacuation drills take place every six months. The orientation programme and annual education and training programme include mandatory fire and security training. Staff interviews confirmed their understanding of emergency procedures.</p> <p>Required fire equipment was sighted on the day of audit and all equipment has been checked within required timeframes. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, gas BBQ cooking and back-up power.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. There is a minimum of one person who is available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p> <p>Security cameras have been installed inside the service and outside following recent issues with youths outside the service.</p>
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.
Standard 3.1: Infection control management	FA	The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and

<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>reporting. The infection control coordinator is a registered nurse and is responsible for infection control across the facility. The committee and the Bupa governing body in conjunction with Bug Control, is responsible for the development of the infection control programme and its review. The infection control programme is well established at Kauri Coast. The infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, Bupa quality & risk team and Medlab. There have been no outbreaks.</p>
<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 Kauri Coast. The infection control (IC) nurse has maintained best practice by completing infection control updates online. The infection control team is representative of the facility. External resources and support are available through the Bupa quality & risk team when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol foam hand rub is freely available.</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. It defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.</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. Infection control training is regularly held.</p> <p>The infection control coordinator has received education both in-house and by an external provider to enhance her skills and knowledge. The infection control coordinator has access to the Bupa intranet</p>

		<p>with resources, guidelines best practice and group benchmarking.</p> <p>A number of toolbox talks have been provided including (but not limited to) standard precautions and MRSA.</p>
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control nurse 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. There is close liaison with the GPs and laboratory that advise and provide feedback/information to the service.</p> <p>Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control nurse. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infection statistics are included for benchmarking. Corrective actions are established where infections are above the benchmark. All infections are documented monthly in an infection control register.</p>
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	CI	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, and regional restraint meetings and at an organisational level. Interviews with the staff confirmed their understanding of restraints and enablers. The service has remained restraint-free for six months.</p> <p>Enablers are assessed as required, for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, the service had six residents using enablers in the form of bedrails. All enabler use is voluntary. Two resident files of enabler use were reviewed. The enabler assessment form was completed and signed by the resident. These had been evaluated at least six monthly.</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 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	Policies and procedures in place are robust and provide safe guidelines for staff. There are processes and procedures with accompanying templates for self-medication by residents. Four residents self-medicate some of their medications, all four had appropriate storage, but three of the four did not have a three-monthly GP review and re-assessment of their competency.	Of the four self-medication assessment and consent charts, three had not been reviewed three monthly by the GP.	Ensure there is a documented three-monthly GP review of the self-medication process for individual residents. 30 days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is	PA Low	Of the eight resident files reviewed, six were for long-term residents, an additional three new resident files were reviewed for timeframes on admission as the original sample did not include new residents. The three new resident files did not have the interRAI and long-term care plan	(i)The initial interRAI assessment and long-term care plan were not documented within recommended timeframes for one rest home and two hospital new admissions. (ii) Three of six long-term files did not have ongoing interRAI reassessments documented six monthly. The same three	(i)Ensure the interRAI assessments and long-term care plans are completed within the required ARCC timeframes. (ii) Ensure that routine interRAI

provided within time frames that safely meet the needs of the consumer.		documented within set time frames Six long-term residents had up to date interRAI assessments and care plans. However, the routine interRAI assessments were not all completed six monthly and long-term care plans were completed prior to the interRAI.	files had nursing care plans completed and documented prior to the interRAI assessment being done.	reassessments are documented at least six monthly and prior to the long-term care plan 90 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.1.1.4 The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence	CI	The service remains restraint-free. They have been recognised as achieving a continuous improvement.	The goal for 2018 was to become restraint free with initial discussions starting in 2016. The clinical manager and restraint coordinator discussed this with the GP and relevant residents and family members at the resident review meetings to find ways to reduce and minimise restraint use. A trial was put in place to remove the restraint with all parties giving consent and each resident being very closely monitored. The trial also involved short periods for a resident to be restraint free (half a day then one-day etc). Enablers that had been classified as a restraint was appropriately re-assessed and aligned with the policy to record this as an enabler. There was a daily and weekly review around incidents with none identified. The care team also focused their attention on maintaining resident safety as opposed to a focus on reducing falls and use of restraint. Strategies to improve resident safety included implementation of a specific session on the care plan appropriate to the needs of the resident that included use of sensor mats, hip protectors, close monitoring of the individual (eg, 15 or 30-minute intervals, regular toileting, increased activities, pull string monitors, and reviewing level of care for each resident that requires monitoring). This has resulted in 2018, in a reduction in falls from an average of 17.76 per 1000 occupied beds in January 2018 to zero in July, September, November and December, with 4.97 in June, and 3.18 in August and 1.95 in October 2018. The service has been restraint free for six months with reviews completed six weekly through the health and safety meetings, through clinical resident reviews weekly, monthly restraint reporting, review by the GP twice a week. These include bringing residents out of their rooms into communal areas, sensor

and safety.		mats, chair alarms, pull string monitors, regular observation monitoring 15 min – hourly, activities, food and warm drinks, and reviewing level of care for each resident that requires monitoring. Staff have had increased training sessions around managing challenging behaviour, safe moving and handling, observation and reporting and use of restraint and enablers. Attendance records confirmed that all care staff have one-to-one sessions with the nurse or physiotherapist to complete competencies.
-------------	--	--

End of the report.