

Bupa Care Services NZ Limited - Hayman 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:	Hayman Rest Home & Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 15 August 2019 End date: 16 August 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:	104



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 Hayman Rest Home and Hospital provides rest home, hospital, dementia, residential disability services – intellectual and physical, and psychogeriatric levels of care for up to 110 residents. During the audit, there were 104 residents.

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

The Bupa quality and risk management programme is well embedded at Hayman. Quality initiatives are implemented which provide evidence of improved services for residents. There have been a number of indoor and outdoor environmental improvements and refurbishments.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager and two-unit coordinators.

This certification audit did not identify any areas for improvement.

The service is commended for achieving three continuous improvement ratings awarded around good practice, activity programme for younger people and infection control surveillance.

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.

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

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

Organisational management

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

Standards applicable to this service fully attained.

Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, 7 days a week. The integrated residents' files are appropriate to the service type.

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.		All standards applicable to this service fully attained with some standards exceeded.
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There is an admission pack that provides information on all levels of care, including individual information for the dementia and psychogeriatric units. Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident, and goal orientated. Care plans are reviewed every six months or earlier if required. Files reviewed identified integration of allied health and team input into resident care. The general practitioner reviews residents at least every three months.

The activities team implements the activity programme to meet the individual needs, preferences and abilities of the resident groups. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations. Activities are focused on meaningful and sensory activities in the dementia care and psychogeriatric units.

Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior healthcare assistants who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three monthly by the general practitioner. The community mental health nurse visits fortnightly.

All meals are prepared and cooked on site. There is a current food control plan in place. Resident dietary needs are met, and alternative foods offered for dislikes. There are nutritious snacks available 24 hours.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services.

All bedrooms are single occupancy with ensuites and adequate numbers of communal toilets. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible and secure for the units that require this.

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. There is a first aid trained staff member on duty 24 hours.

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.

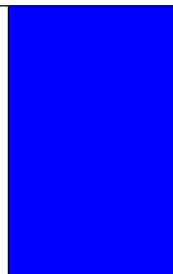


Standards applicable to this service fully attained.

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures for the safe assessment and review of restraint and enabler use. During the audit, there were no residents using restraint and or enablers.

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.



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

The infection control management system is appropriate for the size and complexity of the service. The infection control coordinator (registered nurse) working together with the clinical manager, is responsible for coordinating and providing education and training for staff. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections.

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	3	42	0	0	0	0	0
Criteria	3	90	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in visible locations. Policy relating to the Code is implemented.</p> <p>Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff, (two unit coordinators (one dementia and one hospital), two staff registered nurses (RNs) (one psychogeriatric and one hospital); one enrolled nurse (EN) (rest home); 15 caregivers (five dementia, five psychogeriatric and five hospital), one diversional therapist, two activity coordinators, one cook, two laundry, two cleaners, one maintenance) and managers (care home manager, clinical manager) reflected their understanding of the key principles of the Code and its application to their job role and responsibilities.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided</p>	FA	<p>Eleven resident files were reviewed; two rest home level of care including one younger person with physical disability, three hospital level of care including one resident who is under 65 years of age and funded through the long-term chronic health condition contract (LTS-CHC), four dementia level of care including one LTS-CHC resident and two psychogeriatric level of care residents.</p> <p>Informed consent processes are discussed with residents (as appropriate) and families on admission. Written consents are signed by the resident or their enduring power of attorney (EPOA). Advanced directives are signed</p>

<p>with the information they need to make informed choices and give informed consent.</p>		<p>for separately by the competent resident. There was evidence of discussion with family when the GP completed a clinically indicated not for resuscitation order where residents were deemed not to be competent. The EPOA had been activated in the files reviewed of dementia care and psychogeriatric care residents. The registered nurses and caregivers interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>All long-term resident files reviewed had signed admission agreements.</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>Information about the National Health and Disability Advocacy service 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 in three languages. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Complaint resolution letters sent to families provide a link to the engagement advisor at Bupa's head office.</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 may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do.</p> <p>The service is responsive to young people with disabilities accessing the community, resources, facilities and mainstream supports such as education, public transport, and primary health care services in the community. The service promotes access to family and friends. Resident and relative meetings are held bi-monthly and there are bi-monthly support group meetings for families with residents in the dementia and psychogeriatric units. Monthly newsletters are provided to residents and relatives.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager using a hard copy and electronic complaints' registers. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at reception.</p> <p>Two complaints lodged with HDC were open at the time of the audit. One complaint lodged (12 January 2018) has been addressed by the facility and is now being managed by the Bupa head office. The second complaint with</p>

		<p>HDC was lodged in February 2019. Twenty-three corrective actions were documented relating to this complaint with evidence sighted of their implementation (eg, staff training, internal audits, policy updates). Evidence was also sighted to indicate that the corrective actions were discussed extensively with staff (meeting minutes sighted).</p> <p>Three other complaints received (June, July 2019) were selected and reviewed in their entirety and reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken. All three complaints were signed off by the care home manager as resolved.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, the clinical manager and registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the resident/family meetings. Information relating to the rights of residents is posted on communication boards throughout the facility. All nine residents interviewed (three rest home [including one person under the residential disability services – physical/intellectual], and six hospital level - including one person under residential disability services – physical/intellectual); and fifteen relatives (four hospital - with relatives admitted under residential disability services, five psychogeriatric and six dementia) reported that the residents' rights are being upheld by the service with examples provided. They confirmed their understanding of the Code and its application to this environment.</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 were observed being treated with dignity and respect. Privacy is upheld and independence is encouraged. Residents and relatives interviewed were very positive in relation to the service meeting the residents' values and beliefs, highlighted by the multicultural mix of residents (and their families) and the four residents under the residential disability contract. Young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious and spiritual identity.</p> <p>Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with evidence of family involvement and is integrated into the residents' care plans. Spiritual needs are documented where identified and church services are held. There is a policy on abuse and neglect and staff have received training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, and 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. Fifteen residents who identified as Māori are living at the facility. Two Māori residents interviewed (one rest home and one hospital) confirmed that Māori</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>		<p>cultural values and beliefs are being met.</p> <p>Māori consultation is available through the local iwi tribe for Wiri/Manukau (Ngati Te Akitai Waiohua) and Māori staff who are employed by the service. A partnership is also developed with the Manurewa marae and kaumātua. Activities include residents regularly attending the marae. One resident's whānau assists with translation and also runs the Māori cultural group.</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 their Māori residents.</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>	<p>FA</p>	<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>Cultural days are celebrated at the facility (eg, Tongan wedding celebration, a kava demonstration, Cook Island tivaevae sewing and making floral headwear with fresh flowers, and kiwiana day). Each event has included staff planning events and taking annual leave to make food and decorate the rooms.</p> <p>All care plans reviewed included the resident's spiritual and cultural needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<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 infringement with the person concerned.</p> <p>Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with caregivers from the psychogeriatric unit could describe how they build a supportive relationship with their residents. Interviews with families from the psychogeriatric unit confirmed the staff assist to relieve resident's anxiety.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive</p>	<p>CI</p>	<p>Following a resident being identified by a caregiver with a lump in her breast, a GP referral was made and referral to the breast clinic. A diagnosis of breast cancer and subsequent mastectomy undertaken. The team at Hayman are now supporting her with radiation treatment. The team at Hayman have now introduced 'breast examination'</p>

<p>services of an appropriate standard.</p>		<p>as part of six-monthly reviews. Because of this another lady was found with a lump in her breast and she was referred to the breast clinic, this was not malignant. All six-monthly reviews in all files documented that a breast examination had been undertaken.</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. A house GP visits the facility two days a week and provides an afterhours service. The GP interviewed is satisfied with the level of care that is being provided. The facility won Bupa's most improved care home of the year award in 2018.</p> <p>The service receives support from the district health board, which includes visits from the mental health team and nurse specialist's visits. Physiotherapy services are provided on-site 20 hours per week. There is a regular in-service education and training programme for staff. A podiatrist is on site every six-weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>Bupa Hayman monitors adverse events using an electronic database (Riskman). If the results reflect a negative trend, a corrective action plan is developed by the service. The service demonstrated a number of examples of good practice including not using any restraint. A dementia support group is in place for families.</p> <p>The service has implemented a Bupa programme referred to as 'releasing time to care' which has significantly increased the amount of time carers have to spend with residents. This has resulted in a rating of continuous improvement.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Language and communication needs and use of alternative information and communication methods are available and used where applicable.</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. Twenty accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>An introduction to the dementia and psychogeriatric unit booklet provides information for family, friends and visitors to the facility. This booklet is included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families.</p>
<p>Standard 1.2.1:</p>	<p>FA</p>	<p>Bupa Hayman Care Home provides hospital, rest home, dementia, psychogeriatric and residential disability - intellectual/physical for up to 110 residents. There were 104 residents living at this facility during the audit. This</p>

<p>Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>included eight rest home level residents and forty-four hospital level residents in the (dual-purpose) hospital/rest home units. There were 37 residents across the two dementia units (21 in the men's unit and 16 in the women's unit) and 15 residents in the psychogeriatric unit.</p> <p>Four residents were under the residential disability contract (three hospital and one rest home) – all with physical disabilities, and five residents were under the long-term chronic condition contract (one psychogeriatric, two hospital, two dementia). The remaining rest home and hospital residents were under the aged residential care contract (ARCC), and the remaining psychogeriatric residents were under the aged residential hospital specialist service (ARHSS).</p> <p>A vision, mission statement and objectives are in place. The Bupa philosophy and strategic plan reflect a person/family centred approach. Annual goals for the facility have been determined and are regularly reviewed by the care home manager with reporting through head office.</p> <p>The care home manager trained as a registered nurse but has not kept her practising certificate current. She holds a master's degree and has over 20 years of management experience in residential/intellectual disability and mental health services in the UK and in New Zealand. She is supported by an experienced clinical manager/registered nurse (RN) who has been employed at the facility for over eight years and as the clinical manager (CM) since 2013. The care home manager and CM are supported by a Bupa regional manager and two-unit coordinators/RNs.</p> <p>The care home manager and CM 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>During the temporary absence of the care home manager, the clinical manager or Bupa relieving facility manager cover the care home manager's role.</p>
<p>Standard 1.2.3: Quality And Risk Management</p>	FA	<p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. Discussions with the managers and staff</p>

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>reflected staff involvement in quality and risk management processes. Young people with disabilities have input into quality improvements to the service.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it 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. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure injuries, wounds, and medication errors. Satisfaction with choices, decision making, access to technology, aids, equipment and services contribute to quality data collected by the service. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are established, implemented and are signed off when completed.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the health and safety team that consists of managers and seven nominated staff. The health and safety team meet two-monthly. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. A health and safety noticeboard provide staff with comprehensive health and safety information, forms and updates. All new staff and contractors undergo a health and safety orientation programme.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms. Toileting plans and intentional rounding are examples of strategies being implemented.</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</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations have been conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. Examples provided included notifications for pressure injuries, a police investigation (absconding resident), and two outbreaks.</p>

and where appropriate their family/whānau of choice in an open manner.		
<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>Human resources policies include recruitment, selection, orientation and staff training and development. Ten staff files reviewed (two-unit coordinators/RNs, two kitchen staff, one diversional therapist and five caregivers) provided evidence of a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. Caregiver staff are awarded a level three national certificate following completion of their orientation programme.</p> <p>There is an implemented annual education and training plan that exceeds eight hours annually per employee. All staff participate in continuing education relevant to physical disability and young people with physical disabilities. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies each year. Opportunistic education (toolbox talks) are provided during handovers. The competency programme has different requirements according to work type (eg, caregivers, RN, and cleaner). Core competencies are completed annually, and a record of completion is maintained – competency register sighted.</p> <p>Twenty-nine caregivers are employed to work in the dementia and psychogeriatric units. Twenty-four caregivers have achieved a Careerforce qualification in dementia care. The remaining four caregiver staff have been employed in a dementia or psychogeriatric unit for less than 18 months and are working towards their qualification.</p> <p>Registered nurses are supported to maintain their professional competency. Sixteen registered nurses are employed (including the clinical manager and two-unit coordinators) and seven have completed their interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies, wound care competency.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably</p>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager, a clinical manager (RN) and two-unit coordinators (RNs) rostered Monday - Friday.</p> <p>RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of caregivers. Separate cleaning staff are employed seven days a week and laundry services are outsourced.</p> <p>Psychogeriatric: (15 residents are living in this 15-bed unit); the unit is staffed with one RN on the AM, PM and night shifts. Two long and two short shift caregivers work on the AM and PM shifts and one long shift caregiver</p>

<p>qualified/skilled and/or experienced service providers.</p>		<p>covers the night shift.</p> <p>Dementia: (21 men were in the 21-bed unit and 16 women were in the 18-bed unit): One RN covers the AM and PM shifts and the night shift is staffed with one RN who covers rest home, hospital and dementia levels of care. Two long and one short shift caregivers cover the AM and PM shifts in the men's unit and two long shift caregivers cover the AM and PM shifts in the women's unit. Two caregivers cover both units during the night shift.</p> <p>The rest home and hospital wings (52 residents in 56 available beds) is divided into two wings. Pohutakawa wing had 6 rest home and 18 hospital; and Kowhai wing had 2 rest home and 26 hospital). Rest home and hospital wings are staffed with one RN on each wing for the AM and PM shifts and one RN for both wings during the night shift. Pohutakawa is staffed with two long and two short shift caregivers on the AM shift and two long and one short shift caregivers on the PM shift. Kowhai is staffed with four long and one short shift caregivers on the AM shift and three long and one short shift caregiver is rostered on the PM shift. Two caregivers cover the two wings during the night shift.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<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 by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrated service integration with only medication charts held in a separate folder.</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>The service has admission policies and processes in place. Referring agencies establish the appropriate level of care required prior to admission of a resident. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service, including admission into the dementia care or psychogeriatric care units. The clinical manager screens all potential residents prior to entry and records all admission enquires. The three residents on LTS-CHC contracts (one PG and two dementia) had needs assessments requiring a secure environment.</p> <p>The admission agreement form in use aligns with the requirements of the ARC and ARHSS contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement. Residents and families interviewed verified</p>

		they received information prior to admission and had the opportunity to discuss the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Policy describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. Residents who require admission to hospital or transfer are managed appropriately, and relevant information is communicated to the receiving health provider or service. The family are asked to accompany the transfer of psychogeriatric or dementia level of care resident's to hospital. All supporting documentation accompanies residents to the receiving facility and communication with family is documented.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<p>There are policies and procedures in place for all aspects of medication management. One hospital level resident who self-medicated a Ventolin inhaler had an up-to-date assessment and competency and the medication was stored safely with the resident. Medications were stored safely in the units. Registered nurses or senior caregivers who administer medications have completed their annual competency assessment. Medication education is provided annually. The RNs checks the robotic rolls on delivery against the medication charts. 'As required' medications are delivered in blister packs and checked regularly for expiry dates. There are standing orders that meet the requirements and are reviewed annually by the GP. Medication fridge temperatures had been checked daily and were within the acceptable range. Vaccinations were not stored on-site. Eyedrops were dated on opening. There were weekly checks on oxygen and suction unit.</p> <p>The facility has an electronic medication management system. Twenty-two medication charts were reviewed (four rest home, six hospital, eight dementia and four psychogeriatric). All charts reviewed had photo identification and allergy status documented. All medication sheets evidenced three monthly reviews by the GP.</p> <p>All 'as required' medication had indications prescribed for use. Effectiveness of 'as required' medication administered was documented in the electronic medication system. Anti-psychotic management plans are used for residents on anti-psychotic medications when medications are commenced, discontinued or changed. The general practitioner reviews the anti-psychotic management plans for residents with stable behaviours and the psychogeriatrician reviews the management plans for residents with acute changes in behaviour.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's	FA	All meals and baking are prepared and cooked in a well-equipped kitchen. The kitchen manager/qualified chef is supported by a team of cooks and kitchenhands who have all completed food safety and hygiene training. The four weekly winter and summer Bupa menu has been reviewed by a dietitian last September 2018. The menu offers an alternative option. The kitchen manager receives a nutritional profile for each resident and is notified of any changes to dietary requirements. Cultural food preferences are met and include Indian foods, vegetarian

<p>individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>meals and pureed meals. Resident dislikes are known and accommodated. Meals are plated and delivered in hot boxes to the ladies' dementia unit and hospital dining room as there are no kitchenettes in these units. Kitchenhands serve meals from bain maries in the rest home dining room, mens dementia unit and psychogeriatric unit. Lip plates are provided to encourage resident independence with eating. Staff were observed to be sitting with residents and assisting them with meals and fluids. Fluids including sustagen, smoothies and nutritious snacks were sighted in the unit fridges.</p> <p>The food control plan has been verified and expires 22 September 2019. The temperatures of refrigerators, freezers, chiller, incoming chilled goods and end cooked food are taken and recorded. All food is stored appropriately, and date labelled. The dishwasher wash and rinse temperatures are taken and recorded. Cleaning schedules are maintained.</p> <p>Residents and relatives have the opportunity to feedback on the service through meetings and surveys. Residents and the family members interviewed commented very positively on the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reason for declining service entry to potential residents should this occur and communicates this decision to potential residents/family/whānau and referring agency. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Anyone declined entry would be referred back to the referring agency for appropriate placement and advice.</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>All appropriate personal needs information is gathered during admission in consultation with the resident and their relative (as appropriate). InterRAI assessments were completed in all long-term resident files reviewed including the residents under long-term chronic health conditions and the younger persons. An initial nursing assessment booklet including risk assessments (pressure injury risk, falls risk and pain), activities assessment and cultural assessments had been completed for all resident files reviewed. Behaviour assessments were completed on admission for dementia care and psychogeriatric residents and reviewed six monthly or earlier if required. A care summary was completed within 24 hours of admission. The outcomes of assessments formed the basis of the long-term care plans. Assessment process and the outcomes are communicated to staff at shift handovers through verbal and written shift reports.</p>

		Residents (rest home and hospital) and family interviews stated they were involved in the assessment process on admission and ongoing.
<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>Eleven long-term resident care plans were reviewed. Long-term care plans reviewed were individualised, personalised and described the resident goals. Documented interventions reflected the residents' current needs and goals. Outcomes of assessments were reflected in the care plans. Behaviour management plans were in place for dementia and psychogeriatric residents which included triggers, behaviours and interventions including de-escalation strategies such as one-on-one time and activities. There were specific care plans for residents with dementia and other medical/clinical problems.</p> <p>Resident files demonstrated service integration and evidence of allied health care professionals involved in the care of the resident, such as mental health services for the older person team, podiatrist, dietitian and physiotherapist.</p> <p>Residents (as appropriate) and their family confirmed they were involved in the care planning process as evidenced in the family contact form. Short-term care plans reviewed were in use for changes in health status. Short-term care plans were reviewed and resolved or added to the long-term care plan if an ongoing problem.</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>	FA	<p>When a resident condition changes the RN initiates a GP visit or nurse specialist referral. The family is notified of any changes in the resident health status including incidents/accident, infections, GP visits and medication changes. Relatives interviewed confirmed they are kept informed and the needs of their relatives are being met. Short-term care plans are used to guide staff in the delivery of care to meet, for short-term/acute needs.</p> <p>Sufficient continence products were available and resident files reviewed included a continence assessment and plan as part of the plan of care. Specialist continence advice is available through the DHB as needed and this could be described.</p> <p>Staff have access to sufficient medical supplies (eg, dressings). Wound assessment, wound management and evaluation forms are in place for; nine rest home residents including one stage one pressure injury; ten hospital residents including one stage two pressure injury; four dementia care residents and four psychogeriatric residents with wounds (skin tears). Wound management, monitoring, photos and short-term care plans were in place for wounds which had been reviewed as per the planned frequency. All have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as needed.</p> <p>Interviews with registered nurses and caregivers demonstrated understanding of the individualised needs of residents. Monitoring forms reviewed included two hourly turning charts, monthly weight, vital signs, neurological observations, food and fluid charts, behaviour charts and pain monitoring.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>The service employs an activities coordinator, an activity assistant and two diversional therapists who provide activities seven days a week.</p> <p>The activities programme includes news and views, board games, cards, puzzles, housie and happy hour. Entertainers are invited to the facility and residents reported this is enjoyed. Regular outings into the community occur in the service's van. One-on-one activities occur for residents who choose not to be involved in group activities. Themes and events are celebrated.</p> <p>An activities assessment is completed on admission. Individual activity plans were seen in long-term resident files. The service receives feedback and suggestions for the programme through monthly resident meetings and direct feedback from residents and families. Residents interviewed spoke positively about the activities programme.</p> <p>Dementia care and psychogeriatric level of care:</p> <p>A diversional therapist is based in the psychogeriatric unit and oversees the activity assistant who coordinates activities in the two dementia units (ladies' unit and mens unit). They are on duty from 9 am to 5.30 pm five days a week over a seven-day period. There is a diversional therapist and an activities staff member who work over the weekend working Saturdays and Sundays. Volunteers and caregivers provide one on one time and small group activities in the weekends. Activities are incorporated in the caregiver's role as observed on the days of audit. There are activity boxes and plenty of resources in each of the units. The activity assistant spends the morning in the ladies' unit and the afternoon in the men's unit. The units have activity programmes that are displayed. The programme is flexible to meet the resident's recreational needs. Dementia unit residents can choose to be involved/participate in the various exercises, newspaper reading, music, board games, walking group, card games and mini golf in the courtyard. There is one on one time and hand massages. Activities offered in the psychogeriatric unit includes music, reminiscing, sing-a-longs, story book reading, exercises, scrabble, colouring, hand and foot massages and one on one time. All residents are involved in meaningful activities such as domestic tasks, pet therapy and feeding the ducks at the pond. There are integrated activities that the residents attend as appropriate and under supervision including music therapy, happy hour with entertainment, multi-cultural group activities and church services. There are weekly van trips/scenic drives to places of interest.</p> <p>There are activities for younger residents under 65 years of age including those on long-term chronic health funding. Specific group activities for younger people are included in the activities programme and known to the residents. These include music therapy, pet therapy, R&B music and multicultural activities. Residents also join in the group activities as desired. Activity assessments identify the younger persons interests, hobbies and recreational preferences. Each younger person has a younger person activity plan identifying the group and individual activities they wish to participate in, including drives and outings.</p> <p>All residents have an activity assessment and map of life completed on admission. An activities and socialising plan is incorporated in the overall My Day, My Way care plan and is evaluated six monthly with input from the DT</p>
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		and activity team. Participation records are maintained. Residents (as appropriate) and family members can provide feedback on the programme through resident meetings and surveys. Residents and relatives interviewed commented positively on the activity programme.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The registered nurses evaluate initial care plans within three weeks of admission. The long-term care plan had been evaluated six monthly for the three dementia care residents and two psychogeriatric resident files reviewed. One psychogeriatric resident had not been at the service six months. One new rest home resident (YPD) had a documented three-week post admission evaluation, one further rest home resident and three hospital residents all had documented six monthly care evaluations and annual multi team reviews.</p> <p>A letter is sent out to families, inviting them to attend a multidisciplinary team meeting (MDT). Members of the MDT include the GP, RN, care staff, DT/activity person, resident (as appropriate) and family member. Allied health professionals involved in the resident's care either attend the meeting or provide input into the MDT evaluation of care. Records of the MDT meeting are maintained, and the cares evaluated against the resident goals. Any changes following the MDT meeting are updated on the care plan. Copies of the updated care plan are sent to the family member if they have been unable to attend.</p> <p>Short-term care plans are evaluated daily and either resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files reviewed.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate nurse specialist referrals and specialist referrals are made through the GP. The RNs interviewed provided examples of where a resident's condition had changed, and the resident was reassessed. Discussion with the RNs identified that the service has access to a wide range of support either through the GP, DHB specialists and contracted allied health services.</p>

<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>	<p>FA</p>	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are 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>	<p>FA</p>	<p>A current building warrant of fitness certificate is posted at the entrance to the facility (expiry 16 March 2020).</p> <p>Reactive maintenance and a 52-week planned maintenance schedule is in place that has been maintained. There is a full-time maintenance person employed who has completed health and safety training. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius. There are contractors for essential service available 24/7.</p> <p>The corridors are wide with handrails and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The external areas are well maintained. There is outdoor furniture and shaded areas. The psychogeriatric unit and each dementia unit have a separate secure garden area. There is wheelchair access to all areas.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</p> <p>Bupa Hayman continues to improve the community for residents and family including; new chairs in the Kowhai Lounge and Wahine Ataahua hallway. The Tamatoa Community has new bedspreads and curtains. The lounge has been wallpapered, has new lights and furniture, giving the room more of a sensory/relaxation room. Wahine Ataahua has new furniture for the lounges, a TV for the small room and new bedspreads. The Kowhai wing has refurbished six bedrooms and they plan to do another six rooms and ensuites.</p> <p>Garden upgrades have included; a small deck made larger outside the small lounge in Aroha. An additional deck has been installed outside Kowhai lounge with a sunshade. A new sunshade has gone up in the front garden.</p> <p>The service has purchased outdoor furniture for all areas of the care home and are replanting the gardens ready for summer.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>The dual-purpose rooms all have single ensuites. There are adequate numbers of communal toilets located near the communal areas. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Residents interviewed reported their privacy is maintained at all times. Residents in the psychogeriatric and dementia units share ensuites with automatic locks to protect the resident's privacy. There is an emergency release button for staff to use if required.</p> <p>Privacy locks are installed on all toilet and shower doors.</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>	<p>FA</p>	<p>All bedrooms are single. They are spacious enough to manoeuvre transferring and mobility equipment to safely deliver care. Residents are encouraged to personalise their bedrooms as desired.</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,</p>	<p>FA</p>	<p>There are lounges in each of the units. Each unit also has a kitchenette and open plan dining area. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents are able to move freely, and furniture is well arranged to facilitate this. Seating and space is arranged to allow both individual and group activities to occur.</p> <p>There is adequate space in the dementia and psychogeriatric units to allow maximum freedom of movement while promoting safety for those that wander. There is an open plan dining/lounge area and smaller, quiet lounges available and seating alcoves.</p>

activity, and dining needs.		
<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>All laundry is done off-site at another Bupa facility. Dirty laundry is collected daily and clean laundry is returned daily for folding and dispersing. Laundry and cleaning audits are completed as part of the internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals were stored in locked rooms. All chemicals were labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended.</p> <p>There are dedicated cleaning and laundry staff. Cleaning trolleys were well equipped and stored safely when not in use. Residents and relatives interviewed reported that they were satisfied with the laundry and cleaning services provided.</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>	FA	<p>An approved fire evacuation plan is in place. There are emergency management plans to ensure health, civil defence and other emergencies are included. Fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff. Emergency equipment is available at the facility. There were adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</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.</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</p>	FA	<p>The facility has ceiling heating throughout the personal and communal areas. All communal rooms and bedrooms are well ventilated and light. Residents and family interviewed stated the temperature of the facility is comfortable. There is plenty of natural light in residents' rooms.</p>

temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Bupa Hayman has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the Riskman incident reporting system and reported to head office. A registered nurse based in the psychogeriatric unit is the designated infection control coordinator who has been in the role since August 2019. She has a job description and is supported in the role by the clinical manager.</p> <p>The infection control programme is reviewed by teleconference with all other infection control coordinators six monthly.</p> <p>Influenza vaccines are offered to residents and staff annually. Visitors and family are advised not to visit if they are unwell. There are hand sanitisers strategically placed throughout the facility.</p> <p>There have been two confirmed norovirus outbreaks, one in July 2018 and the other in December 2018. The health protection unit was notified, and the service commended for containing the outbreak in July 2018 to one unit. Documentation including daily case logs were sighted.</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>The infection control coordinator has attended external infection control education. There are quality meetings held two monthly which includes discussion and reports on infection control data. There were adequate resources to implement the infection control programme for the size and complexity of the organisation. There is advice and support from the management team, expertise at head office, infection control consultant and infection control officer at the DHB.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect</p>	FA	<p>There are Bupa organisational infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, infection control training and education of staff. The policies were developed by the Bupa organisation management team and reviews/updates are distributed by head office. Policies are discussed at staff meetings and are readily available in hard copy and on the intranet.</p>

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>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 policy states that the facility is committed to the ongoing education of staff and residents. Annual infection control education including hand hygiene has occurred for all staff. The infection control coordinator attends handovers and provides topical toolbox talks for staff on infections and infection control practice. All new staff complete orientation which includes infection control and hand hygiene. Staff complete infection control competencies.</p> <p>Visitors are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</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>	CI	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control manual. Surveillance of all infections is entered into a monthly infection summary. The infection control coordinator provides infection control data, trends and relevant information to the quality risk team and clinical meetings. Areas for improvement are identified, corrective actions developed and followed up. This data is monitored and evaluated monthly at head office. There are key performance indicators for all infection types. The service has been successful in reducing urinary tract infections (UTI) in the rest home, psychogeriatric unit and dementia units.</p>
Standard 2.1.1:	FA	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. Interviews with the caregiver and nursing staff

<p>Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>confirmed their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, the service had no residents using enablers or restraints.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The Bupa ‘releasing time to care’ programme has resulted in a significant increase in time to allow carers to spend more time with the residents.</p> <p>Resident and relative satisfaction survey results have improved as a result.</p>	<p>In 2017 the facility initiated the Bupa ‘releasing time to care’ programme. The actions taken were driven by feedback from residents and families and input from staff. Extensive staff training was implemented, and a high tea brought families to the facility to get their ideas. Actions taken to release time to care addressed many areas of the facility (eg, working in pairs, the dining experience, meals, handovers, hoists, meetings, kitchen and keypads). Staff have been able to spend more time with residents. In 2018, approximately 890 hours were released on average each month, freeing up time to care. Resident and relative satisfaction survey results also reflected higher levels of satisfaction. The net promoter score went from +6 in 2016 to +40 in 2017 and +63 in 2018. The 2019 net promoter score was +75.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated</p>	CI	<p>There are activities for younger residents under 65 years of age including those on long-term chronic health funding.</p> <p>Specific group activities for</p>	<p>The service has implemented a project around improving the activity programme for younger people. The activities plan now includes more YPD activities and they have been getting out and doing more community-based activities this year. One of the Hindi speaking household team members is doing activities with two of the Hindi speaking residents. One of the daughters of one of the residents runs a weekly</p>

<p>to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>		<p>younger people are included into the activities programme and known to the residents. There has been an increase in younger people satisfaction with activities. They have recently increased the size of the team and the team is now made up of an Activities Co-ordinator, an activities assistant and two diversional therapists to assist with improving the programme.</p>	<p>Maori Cultural Group and a Multicultural Group – which includes a wide range of music from the various cultures. Other activities include music therapy, pet therapy, R&B music and multicultural activities. Residents also join in the group activities as desired. Activity assessments identify the younger persons interests, hobbies and recreational preferences. Each younger person has a younger person activity plan identifying the group and individual activities they wish to participate in, including drives and outings. Younger people have input into activities and there is more involvement in community-based outings such as pizza for lunch, beach outings and cafes for coffee. The Net Promotor Score from the families in the Resident Satisfaction survey has gone from +6 in 2016, +40 in 2017 and + 63 in 2018 to +75 in 2019. The residents score we received + 76 in 2018 and +83 in 2019</p>
<p>Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	<p>CI</p>	<p>The service commenced a project to reduce UTIs. An action plan was implemented resulting in the number of UTIs in the rest home, psychogeriatric unit and dementia units well below the organisational key performance indicator for UTIs.</p> <p>The service has an infection control committee that meets monthly, as a subset of the quality management meeting. Surveillance data is reviewed at this meeting and where required; corrective action plans are developed. The infection control committee undertook a post-incident review following an outbreak in the dementia units and recommended and implemented a number of</p>	<p>An action plan was implemented to reduce UTIs in all units which included additional fluid rounds (written into the caregivers' task list) at least two hourly, two hourly toileting, good perineal hygiene, hand hygiene for caregivers and resident, frequent cleaning of the communal toilets and cranberry juice daily for residents prone to UTIs. There was evidence of education around UTIs and toolbox talks at handover to keep staff informed and focused on the action plan to reduce UTIs. Over the last seven months in the dementia units there have been four UTIs, in the psychogeriatric unit and rest home only one UTI in seven months. The service has been successful in reducing UTIs especially in the dementia units and psychogeriatric unit where there are communal toilets and residents with challenging behaviours.</p>

		improvements to the way an outbreak is managed	
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End of the report.