

# Bupa Care Services NZ Limited - Whitby Rest Home and Hospital

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## 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Whitby Rest Home and Hospital
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 4 September 2019      End date: 5 September 2019
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	84

# Executive summary of the audit

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## 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
Yellow	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
Red	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 Whitby Rest Home and Hospital provides; Psychogeriatric services; hospital services - including medical services, rest home care and dementia care for up to 100 residents. Eighty-four residents were living at this facility during the audit.

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 implemented at Bupa Whitby. 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 identified shortfalls around; emergency water supplies, staff appraisals, staff training for dementia, care plan interventions and medication documentation.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Bupa Whitby 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. 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. 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.		Some standards applicable to this service partially attained and of low risk.
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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 implemented 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 documented 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

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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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, enrolled nurses and senior caregivers 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 practitioner visits regularly.

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.		Some standards applicable to this service partially attained and of low risk.
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The building has a current warrant of fitness and emergency evacuation plan. There is a reactive and planned maintenance system. Chemicals are stored safely throughout the facility. Cleaning, and laundry staff are providing appropriate services.

All bedrooms are single occupancy with a mix of ensuites, shared ensuites and communal toilets and showers. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge areas and seating nooks 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 plan in the event of an emergency. There is an approved evacuation scheme and emergency management plan in place. 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.

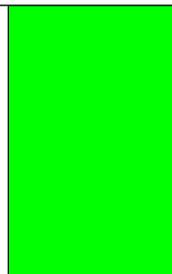


Standards applicable to this service fully attained.

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 four residents using restraint and no residents using enablers. The restraint coordinator reviews enabler use three monthly.

## 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 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)
<b>Standards</b>	0	46	0	3	1	0	0
<b>Criteria</b>	0	97	0	3	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 (most recent February 2019). Interviews with staff including; four caregivers, four registered nurses (RN) two enrolled nurses (EN), the cook, two housekeeper/laundry staff, a maintenance person, and three managers 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 with the information they need to make informed choices and give informed consent.</p>	FA	<p>Ten resident files were reviewed; two rest home, three dementia care including one younger person under 65 years of age, three hospital level and two psychogeriatric level of care residents. Informed consent processes are discussed with residents (as appropriate) and families on admission. Written general consents and consent for van outings are signed by the resident or their enduring power of attorney (EPOA). Advanced directives where known, are signed for 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</p>

		<p>family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>All resident files reviewed had signed admission agreements.</p>
<p><b>Standard 1.1.11: Advocacy And Support</b></p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<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><b>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</b></p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they 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 three monthly. Monthly newsletters are provided to residents and relatives.</p>
<p><b>Standard 1.1.13: Complaints Management</b></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 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>Nine complaints were logged on to Riskman since January 2019 including one incident form that has been logged onto the complaints log as it is being treated as a serious incident by the service and is in the process of investigation by the Bupa head office team.</p> <p>All complaints reflected evidence of responding to complaints in a timely manner with appropriate</p>

		<p>follow-up actions taken. The serious incident/complaint also included the family invited to a staff meeting to discuss with staff how their family members fall had affected them as a family. This was apparently well received by the staff and family.</p> <p>Following the audit, the team were informed of a Health and Disability complaint around falls.</p> <p>The Ministry requested follow up against aspects of a complaint that included falls management related to a H&amp;D complaint. There were no identified issues in respect of this complaint. The service has been proactive regarding falls minimisation since the new clinical manager commenced during April 2019. A series of additional internal audits, care plans review and updates, toolbox talks, increased clinical review meetings and family involvement in care has identified a reduction of falls.</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. Eight residents interviewed (four rest home and four hospital level) and five relatives (one hospital, one rest home, one with a family member in the psychogeriatric unit and two with family in the dementia unit) 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. The two-younger people with disabilities in the dementia unit are able to maintain their personal, gender, sexual, cultural, religious and spiritual identity as much as possible.</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. Ten residents</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>who identified as Māori are living at the facility.</p> <p>Māori consultation is available through the local iwi/hapu: Ngati Toa - Takapuwahia marae, local Māori ministers and church groups – Te Pihopatanga. There is also a Māori advocacy person and translator if needed from a neighbouring Bupa home.</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>A total of 13 languages are spoken by the staff as a group. Residents are from a range of cultures and ethnicities including; Māori, Chinese, Arabic and Russian.</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 and dementia units confirmed the staff assist to relieve resident's anxiety.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an</p>	<p>FA</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 very happy with the level of care that is being</p>

appropriate standard.		<p>provided.</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 four hours per week and as needed. 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 Whitby 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 a process of reviewing all internal audits, incidents, infection and restraint monthly resulting in an improvement in clinical outcomes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<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. The clinical manager has ensured that the service invites family to multi-disciplinary review and the family are informed of any changes. The family survey July 2019 documents an improvement with 'relationship with the home', which included communication from 2018 (80% to 84%).</p> <p>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Eleven 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: Governance</p> <p>The governing body of the</p>	FA	<p>Bupa Whitby Rest Home and Hospital provides; psychogeriatric services; hospital services - including medical services, rest home care and dementia care for up to 100 residents. There were no dual-</p>

<p>organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>purpose beds. Eighty-four residents were living at this facility during the audit. This included; eight rest home level residents and 33 hospital level, 26 residents in the dementia unit including two younger person disabled and 17 residents in the psychogeriatric unit. There were no respite residents and all residents except the two younger person disabled in the dementia unit were under either the aged residential contract (ARCC) with PG residents 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 has extensive experience in managing aged care services. She is supported by an experienced clinical manager/registered nurse (RN) who has been employed at the facility since April 2019, having been a manager at a psychogeriatric unit prior to working at Bupa Whitby.</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>	<p>FA</p>	<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 Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>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 reflected staff involvement in quality and risk management processes.</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 areas, wounds, and medication errors, these are all logged onto Riskman. 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>The clinical manager commenced at Bupa Whitby March 2019. On arrival the clinical manager commenced a process of re-auditing all internal audits and documenting an action plan for all areas that required improvement. This action plan included toolbox talks, additional follow-up audits, and increased family involvement in care to the residents. Action plans have been documented as reviewed and updated/closed off each month. Meeting minutes documented that all action plans are discussed at meetings. Two weekly clinical review meetings have ensured that all issues are discussed and followed up by RNs.</p> <p>A process was implemented of reviewing a selection of resident files each month at the same time as the resident multi-disciplinary review (MDR). The resulting action plan for each file was checked and signed off ready for the MDR. This has meant that all files have been reviewed and brought up to date by the clinical manager six monthly.</p> <p>The clinical manager reviews all incident and accidents monthly and has documented action plans for all areas that have been either showing an adverse trend or have been outside Bupa agreed parameters. Action plans have included toolbox talks and linked into the care plans reviews with individualised care interventions for residents. The clinical manager and care home manager discussed how they have worked with RNs and ENs around professionalism and leadership including modelling good care and support for residents. Following the process of increased monitoring, increased training and overview of care plans, the service has seen a reduction in adverse care outcomes. This has included; falls reducing from 64 falls across the facility in April to 35 falls for August. Bruising, and behaviours that challenge have also documented a downward trend. Staff, relatives and the GP interviewed all commented that the leadership and support had improved dramatically.</p> <p>Staff/unit meetings, clinical review meetings twice a week, a carers advisory group and a range of allied services meetings (housekeeping, maintenance, activities and kitchen as examples) all documented that there is very good communication across the service.</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. The health and safety team meet three-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</p>
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		<p>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 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. Ten accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations were not well documented for unwitnessed falls (link 1.3.6.1). 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 a section 31 notification for a pressure injury, and public health and DHB informed around an outbreak.</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>	PA Low	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Eleven staff files reviewed (two-unit coordinators/RNs, four registered nurses, one cook, one housekeeper, one activities person and two 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. Annual performance appraisals were not all up to date.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. 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) have been provided frequently. 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-six caregivers are employed to work in the dementia and psychogeriatric units; seven caregivers have achieved a Careerforce qualification in dementia care, 16 have enrolled and are in the process of completion and three of which have been employed over 18 months.</p>

		Registered nurses are supported to maintain their professional competency. Seventeen registered nurses are employed and ten have completed their interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies.
<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>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) who work Monday to Friday plus an additional RN over the weekend 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 and laundry staff are employed seven days a week.</p> <p>Psychogeriatric: (17 residents are living in this 17-bed unit): there is a unit coordinator/RN on each morning shift and an RN on afternoon and night shifts. There are four caregivers on morning shift, three caregivers on afternoon shift and one caregiver on night shift.</p> <p>Dementia: (26 residents are living in this 33-bed unit): there is one RN on each morning, afternoon and night shift. There are four full shift caregivers on duty in the morning and afternoon shifts, and two caregivers on the night shift.</p> <p>The rest home (8 residents in this nine-bed unit): there is one caregiver on duty in the morning, afternoon and night shift.</p> <p>Hospital (33 residents in this 41-bed unit): in addition to the unit coordinator, there are two RNs on morning shift, two RN's on all afternoon shifts and one RN on at night. There are seven caregivers on duty in the morning (four long and three short), five caregivers on afternoon shift (four long and one short) and two caregivers on 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>	FA	<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 care home manager/registered nurse or clinical manager screens all potential residents prior to entry and records all admission enquires.</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 they received information prior to admission and had the opportunity to discuss the admission agreement with the care home manager.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>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 residents to hospital. All supporting documentation accompanies residents to the receiving facility and communication with family is documented.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are policies and procedures in place for all aspects of medication management. Medications were stored safely in the four units. Registered nurses, enrolled nurse or senior caregivers who administer medications have completed their annual competency assessment. Medication education is provided annually. The RNs check the robotic rolls on delivery against the electronic medication charts. 'As required' medications are delivered in blister packs and checked regularly for expiry dates. There were no self-medicating residents on the day of audit. Medication fridge temperatures had been checked daily and were within the acceptable range. Eyedrops were dated on opening. There are weekly checks on oxygen and suction unit in the hospital. The impress stock in the hospital is checked weekly for expiry dates and stock levels.</p> <p>The facility uses an electronic medication management system. Twenty medication charts were reviewed (four rest home, six hospital, six dementia and four psychogeriatric). All charts reviewed had photo identification, however not all charts had an allergy status identified. All medication charts evidenced three monthly reviews by the GP.</p>

		All 'as required' medication had indications prescribed for use. Effectiveness of 'as required' medication administered was documented in the electronic medication system. Antipsychotic management plans are used for residents on antipsychotic medications and commenced, for residents in the dementia unit and psychogeriatric unit.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals and baking are prepared and cooked in a well-equipped kitchen. The kitchen manager/cook is supported by a team of cooks, and morning and afternoon 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 March 2018. The menu offers an alternative option and pureed food. The service accommodates special dietary requirements including gluten free diets. The kitchen manager receives a nutritional profile for each resident and is notified of any changes to dietary requirements. Religious and cultural dietary requirements are met. Resident dislikes are known and accommodated. Meals are plated and delivered in hot boxes to the units dining rooms. 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. There were sufficient fluids and nutritious snacks 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 temperatures 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>	FA	<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 has 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</p>	FA	<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 younger person. An initial nursing assessment booklet including risk assessments (pressure injury risk, falls risk and pain), activities assessment and cultural</p>

<p>are gathered and recorded in a timely manner.</p>		<p>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 is 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> <p>Residents (rest home and hospital) and family interviews stated they were involved in the assessment process on admission and ongoing.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Ten long-term resident care plans were reviewed. Long-term care plans reviewed were individualised, personalised and described the resident goals. Documented interventions (link 1.3.6.1) 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, district nurse, 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 and signature on the care plan. Short-term care plans reviewed were in use for changes in health status such as unexplained weight loss, pressure injury and wounds. 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>	<p>PA Moderate</p>	<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's health status including incidents/accident, infections, GP visits and medication changes. A record of relative notifications is maintained on the family contact form in the resident file. Relatives interviewed confirmed they are kept informed and the needs of their relatives were being met. Short-term care plans were used to guide staff in the delivery of care to meet for short-term/acute needs.</p> <p>Sufficient continence products are 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 and wound dressings. Wound assessments, wound management and evaluation forms were in place for residents with wounds including skin tears, chronic wounds and one healing facility acquired unstageable pressure injury of hospital level resident. Not all wounds had been evaluated at the documented timeframes and not all wounds had separate wound assessments and evaluations. There were pressure injury interventions in place for residents at risk of pressure injuries and pressure prevention equipment was seen to be in use. Access to specialist advice and support is available as needed.</p> <p>Monitoring forms are utilised to monitor residents' state of wellbeing and the effectiveness of interventions. Residents who identified with pain did not have detailed pain management plans.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs four activity coordinators and one diversional therapist (DT) who provide activities Monday to Friday 9.30 am to 4.30 pm in the dementia and psychogeriatric units and from 9 am to 4 pm in the rest home and hospital units. The weekends have some set activities including entertainment and resources available for crafts, colouring, music, one-on-one times, chats and walks. Care staff incorporate activities into their roles within the dementia and psychogeriatric units. There are volunteers involved in activities in all of the units.</p> <p>Each unit has a separate activity programme and offers group and individual activities to meet the residents cognitive, physical, intellectual and emotional abilities. Activities offered within the units include a variety of exercises (ball toss, balloon tennis, move to the groove) and gym time with a personal trainer, arts and crafts, word games and puzzles, high teas, reminiscing, movies and sing-a-longs. There are many activities that are combined and take place in the large hospital lounge including musical entertainment, crafts, gym time and church services. Residents attend combined activities as appropriate and under supervision. Entertainment and canine friends visit the dementia and psychogeriatric units. Other visitors to the facility include church groups, choirs, pre-school children and youth groups. There are combined ladies and men's groups. The service share a wheelchair access van with another Bupa facility. There are weekly outings/scenic drives for residents in each unit. The van driver has a first aid certificate. Themes and events are celebrated.</p> <p>There are one-on-one activities for residents who choose not to be involved in group activities. There are personalised activity plans for younger residents under 65 years that reflects their interests or hobbies.</p> <p>Each resident has a map of life (profile) and an activity assessment completed on admission. Individual activity plans are incorporated in the My Day, My Way activity and socialising section of the long-term care plan. The service receives feedback and suggestions for the programme through resident meetings and direct feedback from residents and families. Residents interviewed spoke positively about</p>

		the activities 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. Care plan evaluations are documented. 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 residents' care such as the physiotherapist or dietitian 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 regularly 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 group of resident files reviewed. 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 an example of where a resident's condition had changed, and the resident was reassessed from hospital level to psychogeriatric level of care. 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>	FA	<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. There were sluice rooms in the hospital, psychogeriatric and dementia care units.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 26 June 2020. A maintenance person is employed full-time and attends the health and safety committee meetings. Repairs and maintenance requests are logged into a maintenance book, checked daily and signed off when completed. A 52-week planned maintenance schedule is in place and maintained.</p> <p>Medical equipment including hoists and weighing scales have been calibrated. Electrical testing and tagging has been completed annually. The hot water temperatures are monitored monthly and are maintained below 45 degrees Celsius. Contractors for essential services are available 24/7.</p> <p>The wide corridors and rails promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens are well maintained. There is outdoor furniture and seating and shaded areas. There is safe wheelchair access to all communal areas.</p> <p>There is a secure garden with walking pathways, seating and shade off the dementia unit. The psychogeriatric unit has secure outdoor gardens with a courtyard and undercover outdoor decking and outdoor furniture.</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>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>There is a mix of bedrooms with single ensembles, shared ensembles and communal toilets. All rooms have hand basins. There are adequate numbers of communal toilets located near the communal areas. In the hospital unit there is a large bathroom with space for a shower trolley if needed. Privacy locks are installed on all toilet and shower doors. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Residents interviewed reported their privacy is maintained at all times.</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, activity, and dining needs.</p>	<p>FA</p>	<p>There are open plan lounges/dining rooms with a kitchenette in each unit. Kitchenettes are made safe in the dementia and psychogeriatric areas with locked areas and door barriers. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents are able to move around freely and furniture is well arranged to facilitate this. Seating and space is arranged to allow both individual and group activities to occur. There are seating nooks placed around the facility.</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 are several quieter areas such as small lounges and seating areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>All laundry and personal clothing is laundered on site. The team leader for household oversees the laundry and cleaning services. There are two laundry persons on duty seven days a week, one from 6.30am to 3pm and the other 1pm to 6pm. The laundry is located in the basement area and has defined clean/dirty areas with entry and exit door and separate folding/linen room. Dirty laundry bags are delivered by a chute system that is accessible by staff only. There is a service lift outside the laundry for the delivery of clean linen and clothing to the units. There were adequate linen supplies sighted in the facility linen-store cupboards.</p> <p>There are designated cleaning staff on duty seven days a week. Cleaners' trolleys are stored in locked areas when not in use. All laundry and cleaning staff have completed chemical safety and infection control education.</p> <p>Internal audits monitor the effectiveness of laundry and cleaning processes. The chemical provider audits the effectiveness of chemicals for laundry and cleaning services.</p> <p>Residents and relatives interviewed were happy 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>	<p>PA Low</p>	<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 are adequate supplies in the event of a civil defence emergency including food, blankets and gas cooking, but insufficient water. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</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>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	The facility has radiator heating (adjustable in rooms) in the rest home and ceiling heating throughout the rest of the facility. 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. There are doors opening out from communal areas to landscaped outdoor areas.
<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 Whitby 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. The clinical manager is the designated infection control coordinator. She has a job description.</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 has been one gastro outbreak (not norovirus). The health protection unit was notified of the outbreak. 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	The infection control nurse has attended external infection control education. There are health and safety 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.
Standard 3.3: Policies and	FA	There are Bupa organisational infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies,

<p>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>		<p>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>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control 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 revisited if unwell. 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>	<p>FA</p>	<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.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>A regional restraint group at an organisation level reviews restraint practices. A Whitby three monthly restraint committee is responsible for restraint review and use. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear guidelines in the policy to determine what restraint is and what an enabler is. The restraint policy includes comprehensive restraint procedures. Discussion with the restraint coordinator (RN) confirmed the service commitment to reducing restraint use.</p>

		There were no residents with enablers. There were four residents with restraint; one with a bed rail and a lap belt, two with lap belts only and one with bedrails only, all were hospital residents. All restraint use is recorded on a restraint register.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	The restraint coordinator is a registered nurse. The service has a restraint coordinator position description. Assessment and approval processes for restraint interventions included the restraint coordinator, clinical manager, registered nurses, resident/or family representative and medical practitioner. Restraint use and review is part of the three-monthly restraint meetings.
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	The service completes comprehensive assessments for residents who require restraint interventions. These were undertaken by suitably qualified and skilled staff in partnership with the family/whānau. The restraint coordinator, clinical manager, registered nurses, the resident and/or their representative and a medical practitioner were involved in the assessment and consent process. Assessments and approvals for restraint were fully completed. These were sighted in the three restraint files reviewed.
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	The restraint minimisation policy identifies that restraint is only put in place where it is clinically indicated and justified, and approval processes are followed. An assessment form/process was completed for all restraints. The three restraint files reviewed all had a completed assessment form, and all care plans included reference to the restraint and the risks associated with their use. Monitoring was not consistently documented in the restraint files reviewed (link 1.3.6.1). Consent forms detailing the reason and type of restraint were completed. The service has a restraint and enablers register, which had been updated each month.
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of</p>	FA	The service has documented evaluation of restraint every three months. In the three files reviewed, evaluations had been completed with the resident, family/whānau, restraint coordinator and medical practitioner. Restraint practices were reviewed on a formal basis every month by the facility restraint

restraint.		coordinator at quality and also three-monthly restraint meetings. Evaluation timeframes were determined by risk levels.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The service actively reviews restraint as part of the internal audit and reporting cycle. Reviews were completed three monthly or sooner if a need is identified. The restraint coordinator completed reviews. Any adverse outcomes were included in the restraint coordinators monthly reports and were reported at the monthly meetings. Restraint use is reviewed as part of the quality team meeting.

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	<p>The service has a robust education programme implemented as well as addition training session (toolbox talks). There is a process and schedule for annual appraisals for staff, but this is not up to date. Twenty-three of twenty-six staff who work in the dementia/PG units have completed or have enrolled for the limited credit dementia training within time frames.</p>	<p>i) Three staff who have been employed over 18 months and who work in the dementia/PG units have not completed the limited credit dementia programme.</p> <p>ii) Of the eleven staff files reviewed, four did not have an up to date annual appraisal.</p>	<p>i) Ensure that staff who work in the dementia units have enrolled in and completed the limited credit dementia training according to set timeframes.</p> <p>ii) Ensure that staff have an annual appraisal.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to</p>	PA Low	<p>All 20 electronic medication charts reviewed had photo identification. Fifteen medication charts had an allergy status identified. All medication charts evidenced three</p>	<p>Five of 15 medication charts did not identify the resident's allergy status.</p>	<p>Ensure the allergy status is identified on the medication chart.</p>

manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.		monthly reviews by the GP.		30 days
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Moderate	Interviews with registered nurses and caregivers demonstrated understanding of the individualised needs of residents. Monitoring forms reviewed included two hourly turning charts, nutritional records, fluid balance charts, bowel records, weekly/monthly weight, blood sugar levels, vital signs and behaviour charts, however there was a shortfall around neurological observations, restraint monitoring, wound assessments and evaluations and pain management plans.	(i) Neurological observations had not been completed as per protocol for four of eight incident/accidents that required neurological observations. (ii) Restraint monitoring had not been completed two hourly for two hospital level residents. (iii) Two residents (hospital) with two wounds each did not have separate wound assessments and evaluations for each wound. Wound evaluations had not occurred at the required timeframes for three wounds. (iv) Pain management plans for six residents (three dementia, one hospital and two psychogeriatric) lacked detail around type and location of pain, treatment and management of pain.	<p>(i) Ensure neurological observations are documented as per Bupa protocol. (ii) Ensure restraint monitoring is documented as per the care plans. (iii) Ensure that each wound has its own assessment plan and evaluations and are reviewed within set timeframes. (iv) Ensure pain monitoring is individualised to the resident.</p> <p>60 days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information,</p>	PA Low	There are adequate supplies in the event of a civil defence emergency including food, blankets and gas cooking, but insufficient water.	The service stored water for an emergency but not sufficient for 20 litre per person per day as required by the Wellington region.	Ensure sufficient water is stored.

training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.		Short-term back-up power for emergency lighting is in place.		180 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.