

Bupa Care Services NZ Limited - Hillsborough Hospital

Introduction

This report records the results of a Surveillance 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:	Hillsborough Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 September 2019 End date: 25 September 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:	45

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 Hillsborough provides rest home and hospital level care for up to 47 residents. During the audit, there were 45 residents.

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

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Hillsborough.

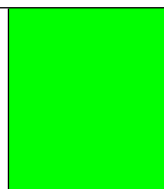
The service has addressed the one shortfall from the previous certification audit around performance appraisals.

This surveillance audit identified improvements are required in relation to the adverse event process and interRAI assessments.

A continuous improvement has been awarded around infection control surveillance monitoring.

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.

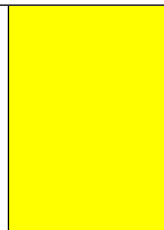


Standards applicable to this service fully attained.

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.

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. Annual goals are documented for the service with evidence of regular reviews. A quality and risk management programme is in place. Quality initiatives are implemented which provide evidence of improved services for residents.

Residents receive appropriate services from suitably qualified staff. Staff recruitment is 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 twenty-four hours a day, seven days a week.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated a multi-disciplinary team approach. Resident files included medical notes by the general practitioner and visiting allied health professionals. There is a three-monthly general practitioner (GP) review.

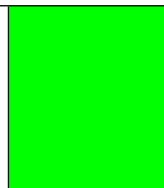
The residents' activities programme provides diversional therapy activities, and these are varied and include one to one and group activities, community involvement and outings. There are regular entertainers, outings and celebrations.

Medications are managed appropriately in-line with accepted guidelines. Staff responsible for administration of medicines complete annual education and medication competencies. All medication charts have photo identification, allergy status and evidence of three-monthly reviews was noted.

Residents food preferences and dietary requirements are identified on admission. This includes consideration of any dietary preferences or needs. All meals are prepared on site. There is a food control plan in place. The four weekly seasonal menu has been reviewed by a dietitian. Individual and special dietary needs and residents' dislikes are catered for and alternative options are made available for residents.

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.

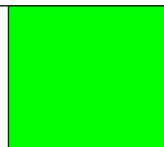


Standards applicable to this service fully attained.

There are documented processes for the management of waste and hazardous substances in place and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building has a current warrant of fitness.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Staff are provided with training in restraint minimisation and challenging behaviour management. On the day of audit there were three residents using restraint and six residents with an enabler. Restraint management processes are being implemented.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

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

The infection control coordinator (registered nurse) oversees infection control activities for the service. Information obtained through surveillance is used to determine infection prevention and control activities, resources and education needs within the facility. Staff education with toolbox talks take place regularly. There have been no outbreaks.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	13	0	2	0	0	0
Criteria	1	38	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. An electronic record of all complaints received is maintained by the care home manager using Riskman. The complaints register reviewed included verbal and written complaints with evidence to confirm that complaints are being managed in a timely manner, including acknowledgement, investigation, meeting timelines, corrective actions when required, and resolutions.</p> <p>Discussions with seven residents (three rest home, four hospital) and relatives, confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at reception.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective	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.</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. Ten accident/incident forms reviewed identified family are kept informed. Four hospital level relatives interviewed stated that they are kept informed when their family member's health status changes.</p>

communication.		An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bupa Hillsborough Care Home provides hospital (geriatric and medical) and rest home level care for up to 47 residents. They have a contract with the DHB to provide interim care for up to six residents at any given time. On the day of the audit there were 45 residents (five rest home level residents and 39 hospital level residents and one unassessed on respite). Hospital level residents included three on orthopaedic interim care contracts, and two funded by ACC. The remaining residents were on the aged residential care contract (ARCC). All beds are dual-purpose.</p> <p>A vision, mission statement and objectives are in place. Progress towards the achievement of 2019 facility goals (2019) are reviewed monthly in the quality meeting with updates/progress towards goal achievement documented.</p> <p>The service is managed by a care home manager/registered nurse (RN) who has been managing the service for three years. She has worked for many years in aged care and has worked for Bupa for six years. This is her first role as a care home manager. The care home manager is supported by a clinical manager/RN who has been employed at the facility since April 2018 (although was on maternity leave from January – July 2019). The care home manager and clinical manager are supported by a Bupa operations manager.</p> <p>The care home manager has completed in excess of eight hours per annum of professional development relating to managing an aged care service. She is currently undertaking a leadership course through Bupa and is working towards a postgraduate nursing qualification.</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>	FA	<p>An established quality and risk management system is embedded into practice. Quality and risk performance are reported across facility meetings and to the Bupa operations manager. Discussions with the managers (care home manager, clinical manager) and eight staff (four caregivers, two RNs, one cook, one activities coordinator) reflected their 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. Quality and risk data, including trends in data 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</p>

		<p>schedule. There is evidence of corrective actions being communicated to all staff and being evaluated and signed-off by management when completed although corrective actions addressing clinical indicator data for falls has not been undertaken in 2019 (link 1.2.4.3). A satisfaction survey for 2019 demonstrated high levels of resident satisfaction. A correction plan has been developed and implemented addressing the provision of food for Indian residents following family feedback.</p> <p>The health and safety committee meet monthly and identified hazards are discussed including how risks have been isolated or minimised. Health and safety was evidenced to be consistently discussed as an agenda item in monthly staff meetings. A health and safety representative was interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register is in place. A health and safety board is on display in the staff room. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme.</p> <p>Strategies are developed to reduce the frequency of falls (eg, regular toileting, ensuring residents have access to a call bell, intentional rounding, physiotherapy input).</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>	PA Low	<p>Individual reports are completed for each incident/accident with immediate action noted. Ten accident/incident forms were reviewed of residents who had fallen (August and September 2019), two with injury and eight with no injury sustained. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are conducted for unwitnessed falls. Missing was evidence of corrective actions being documented on the incident form with the intent to prevent future falls. Corrective actions are also not being developed when there is an increased trend in the number of falls occurring.</p> <p>The care home manager and clinical manager were aware of their requirement to notify relevant authorities in relation to essential notifications with examples provided (eg, police investigations).</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</p>	FA	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (one RN, one administrative support, one activities coordinator, two caregivers) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. Staff files reviewed included an up-to-date current performance appraisal. This previous area identified as a shortfall is being met by the service. 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. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance</p>

requirements of legislation.		<p>register for each training session and an individual staff member record of training. Staff are required to complete two mandatory education days per year. This is in addition to regular in-services. Registered staff have had training in meeting the clinical needs of residents under the hospital (medical) aspect of the certification.</p> <p>Registered nurses are supported to maintain their professional competency. Eight registered nurses are employed and four have completed interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication, catheter care, wound management and syringe driver competencies. There is a minimum of one staff available 24/7 with a current first aid/CPR certificate.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager and a clinical manager (RN) who are employed Monday – Friday. 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.</p> <p>For staffing purposes, the service is divided into two wings (Waikowhai and Manukau).</p> <p>RN staffing:</p> <p>On morning shift, there are two RNs to cover the facility (one generally works in each wing). On afternoon shift, one RN works a full shift and one works until 9.30 pm and there is one RN on night shift.</p> <p>Caregiver staffing:</p> <p>Waikowhai wing (19 hospital residents and three rest home residents at the time of the audit) has two caregivers that work a full morning shift and one or two that works a short shift, one that works a full afternoon shift and one that works until 8.30 pm.</p> <p>Manukau wing (20 hospital residents, one respite and two rest home residents at the time of the audit) has two caregivers that work a full morning shift and two that work a short shift, and one that works a full afternoon shift and two that work until 8.30 pm.</p> <p>Two additional caregiver staff are rostered to cover both wings as needed (2 pm – 8.30 pm and 4 pm to 8 pm).</p> <p>Two caregivers support the registered nurse overnight throughout the facility. The facility is on one level and the two wings are adjacent to each other.</p> <p>The clinical manager and care home manager take week about for on-call with the clinical manager providing clinical back-up when the care home manager is on-call.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service utilises a sachet system and an electronic medication management system.</p> <p>All medications were securely and appropriately stored. Registered nurses or medication competent caregivers, who have passed their competency, administer medications. Medication competencies are updated annually and include syringe driver competencies. Medication charts have photo identification. There is an agreement in place with a pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy.</p> <p>Ten medication charts were reviewed. Electronic medication profiles reviewed were legible, up-to-date and reviewed at least three-monthly by the GP. All medication charts reviewed have 'as needed' medications prescribed with an individualised indication for use. The medication round observed was completed correctly. The medication fridge has temperatures recorded daily and these were within acceptable ranges.</p> <p>There were two residents self-medicating on the day of the audit. Medication competency had been undertaken for these residents and their medications were locked away safely.</p> <p>Medication management audits are completed as part of the internal audit system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food is cooked on site and the head cook oversees all functions and provision of food. A weekend cook and one kitchenhand per shift (AM and PM) provide cover seven days a week. All kitchen staff have been trained in safe food handling and hold a food handling certificate.</p> <p>The service has a large workable kitchen. The kitchen and the equipment are well maintained. Meals are plated in the kitchen and delivered straight to the main dining area. A tray service is available and delivered via a hot box system to maintain correct food temperatures. The four-weekly seasonal menu is varied and developed by a dietitian (last review completed 27 March 2018).</p> <p>There is a choice of foods and the kitchen can cater to specific requests if needed. Food safety information and a kitchen manual are available in the kitchen. Food served on the day of audit was hot and well presented.</p> <p>The service encourages residents to express their likes and dislikes. This along with food allergies are displayed on a whiteboard in the kitchen. The residents interviewed spoke highly about meals provided and they all stated that staff ask them about their food preferences. Equipment is available on an 'as needed' basis. Residents requiring extra support to eat, and drink are assisted.</p> <p>Fridge/freezer, end-cooked and dishwasher temperatures are monitored. Food in the fridge and chiller was covered and dated. The kitchen is clean, and all food is stored off the floor. Chemicals are locked away.</p>

		<p>Material safety datasheets are available.</p> <p>Food audits are carried out as per the yearly audit schedule. A current food control plan is in place (17 June 2019 – 17 March 2020).</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>The GP stated that care provided is of a high standard and that referral to GP services is timely and responsive. Family members interviewed stated care and support is good and that they are involved in the care planning. The five care plans reviewed all documented care interventions to safely manage care.</p> <p>The orthopaedic interim care admission and respite resident files included an assessment and short-term care plan appropriate to care needs. The orthopaedic interim care admission resident stated the care was of a very high standard and the activities and food were good. A family interviewed also stated he was very impressed with the service.</p> <p>Registered nurses interviewed stated there is adequate equipment, continence and wound care supplies.</p> <p>There were 14 wounds and one pressure injury being treated on the day of the audit. Wound assessment, wound management and evaluation forms are in place for all wounds. There was evidence of GP involvement and district nurse involvement for the pressure injury which is now stage two (and was stage 3) for which a section 31 was completed. There was evidence of GP involvement and/or wound specialist nurse for six of the residents with wounds. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Access to specialist advice and support is available as needed. Care plans documented allied health input. Monitoring charts were well utilised, and examples sighted included (but were not limited to) weight and vital signs, blood glucose, pain, food and fluid, turning charts, and behaviour 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>	FA	<p>The service employs an activity coordinator 40 hours per week. There are two physical therapy assistants who help with activities and exercise sessions and provide coverage seven days per week.</p> <p>Each resident has an individual activities programme, which is reviewed when their plan of care is reviewed and as part of their interRAI assessments.</p> <p>The group activity programme is implemented Monday to Friday in the residents' lounge and recreational areas. There are a range of activities offered. Individual activities are provided in residents' rooms or wherever applicable.</p> <p>On the days of the audit, residents were observed being actively involved with a variety of activities. The group activities programme is developed monthly, a copy of the programme is provided to residents and available on</p>

		<p>noticeboards. Resident activities include community visits with a preschool group, kindergarten visits and visiting entertainers. Residents from the facility are participating in an Auckland University of Technology research group "Staying Upright and Flex and Stretch". Activities included; knitting housie and sit dance. Resident van outings occur twice weekly.</p> <p>A social history is taken for all new residents. This information is then used to develop a diversional therapy plan, the Map of life and is part of the 'my day my way' section of the resident's care plan, which is then reviewed six-monthly as part of the interRAI and care plan review/evaluation process. A record is kept of individual resident's activities and monthly progress notes completed. The resident/family/EPOA as appropriate is involved in the development of the activity plan. Participation in all activities is voluntary.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by registered nurses six-monthly, or when changes to care occurred. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing need. The six-monthly multidisciplinary review involves the RN, GP, activities staff, physiotherapist (if involved) and resident/family. There is three-monthly or more frequent review by the general practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The service displays a current building warrant of fitness, which expires on 22 December 2019. Hot water temperatures are checked by maintenance staff every Monday. Medical equipment and electrical appliances have been tested, tagged, and calibrated by an authorised external provider (April 2019). Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility.</p> <p>The exterior areas are well maintained with safe paving, outdoor shaded seating and gardens. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans. The lounge areas are designed so that space and seating arrangements provide for individual and group activities. There are quiet, low stimulus areas that provide privacy when required. The external areas are well maintained, and all residents' have access to courtyard gardens.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in</p>	CI	<p>The infection control officer uses information obtained through surveillance to determine infection control activities, resources and education needs within the facility. A monthly review of all infection incidents occurs. Registered nurses confirmed (on interview) that this surveillance data is available to all staff. Bupa Hillsborough analyses infection control data collected monthly and uses the data to improve resident outcomes. There is close liaison with the general practitioner who provides feedback/information to the service. There have been no</p>

accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.		outbreaks since the last audit. Systems in place are appropriate to the size and complexity of the facility.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff 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 three hospital residents requiring the use of restraint (fall out chair, hand holding and bed rails); and six hospital residents voluntarily requesting the use of an enabler (bedrails/low bed).</p> <p>One resident file was reviewed for a resident using a low bed as an enabler. This was voluntarily requested by the resident. An enabler assessment was completed, and three-monthly reviews are being conducted. The enabler was linked to the resident's care plan and potential risks had been assessed.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	<p>Accident/incident reporting is done electronically using Riskman. Each event reviewed covered the details of the adverse event and the immediate action(s) taken. All follow-up of clinical events is completed by a registered nurse. Missing was evidence that actions had been undertaken to prevent future (similar) falls.</p> <p>Staff are informed of data (eg, number of falls each month, number of fall free days each month). Missing was evidence of a corrective action plan when there is an upward trend of falls occurring over a three-month period.</p>	<p>i) Eight incident forms were reviewed that involved falls with no injury. In each instance, no corrective action plan was developed to prevent future falls for that particular resident.</p> <p>ii) Falls increased twice over three consecutive months (November 2018 – January 2019 and March 2019 – May 2019). No corrective action plan was developed to address either period where residents' falls had increased.</p>	<p>i) Ensure corrective actions are implemented to help prevent a resident from future falls.</p> <p>ii) Ensure a corrective action plan is developed when there is an overall trend in the number of falls occurring.</p> <p>90 days</p>

<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Low</p>	<p>Not all six monthly interRAI assessments had been completed within the required timeframes.</p>	<p>Six long-term residents under the ARC contract had not had their interRAI assessments completed within the required timeframe.</p>	<p>Ensure all long-term residents under the ARC contract have their interRAI assessments completed within the required timeframe.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 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.	CI	Bupa Hillsborough is active in analysing data collected monthly, around (but not limited to) infection control, accidents and incidents and restraint and uses the data analysed to improve resident outcomes.	At the first signs of a resident having an infection, isolation precautions are adopted for two days. The resident is then seen by the GP and prescribed antibiotics if this is appropriate. The infection incident data is recorded on an electronic system and reviewed monthly. Discussions about infection control are held at the nurses meeting, staff meeting and residents meeting. All staff are involved in staff education including toolbox talks and mandatory training. Staff have also undergone further education at Dental New Zealand for oral hygiene training. Residents are now offered yoghurt at breakfast and dinner to counter the incidence of candida albicans.

End of the report.