

Bupa Care Services NZ Limited - Tasman Care Home

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:	Tasman Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 October 2019 End date: 30 October 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:	64

Executive summary of the audit

Introduction

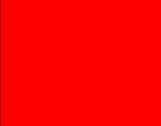
This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- 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

Tasman Care Home is part of the Bupa group. The service provides rest home and hospital (geriatric and medical) level care for up to 72 residents with an occupancy of 64 residents on the day of audit.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included a review of policies and procedures; a review of residents and staff files; observations; and interviews with residents, family, management, staff and a general practitioner.

The care home manager is supported by head office staff with a clinical manager on site providing oversight of clinical care.

There were no corrective actions identified at the previous audit.

Improvement identified at this audit include, completion of neurological observations; completion of performance appraisals in a timely manner; 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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Residents are provided with information they need on entry to the service and this is regularly updated. Interviews with residents and family confirmed they are provided with adequate information and that communication is open.

Residents are informed of the complaints process and there are policies and procedures in place to investigate complaints with these investigated in a timely manner. A register of complaints is kept.

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 medium or high risk and/or unattained and of low risk.
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There is an implemented quality and risk management programme. Adverse, unplanned, and untoward events are documented by staff and reviewed by the care home manager. All aspects of the quality programme are discussed at relevant meetings. The health and safety programme is implemented.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An annual staff education and training plan is well attended with all staff attending mandatory training as required. Registered nursing cover is provided on a morning and afternoon shift, seven days a week with adequate numbers of care staff on each floor.

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 low risk.</p>
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The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed in resident records were individualised and demonstrated service integration. Care plans are evaluated at least six monthly. InterRAI assessment timeframes had been met. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and caregivers responsible for administration of medicines complete education and medication competencies. Medication charts are reviewed three monthly by the general practitioner.

An activities team coordinates and implements the activity programmes for the residents. The programmes includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group.

All meals and baking are prepared on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menus are reviewed annually by the BUPA dietitian. Residents commented positively on the meals provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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A current building warrant of fitness is posted in a visible location. The service has a reactive and preventative maintenance programme in place. Fire evacuations have been undertaken six monthly.

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.
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Staff regularly receive training around restraint minimisation and the management of challenging behaviour. There are two restraints in use (bedrails) and no enablers used in the service.

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.
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A surveillance programme is documented and undertaken, and this is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. There have been no outbreaks since the previous audit.

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	0	13	0	2	1	0	0
Criteria	0	38	0	2	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. Complaints forms are in a visible location at the entrance to the facility. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint's register. Twelve complaints are recorded as having been made in 2019 to date. Three complaints reviewed had documented evidence of appropriate follow-up actions taken as per timeframes documented in the policy. Documentation including acknowledgement of the complaint within five days, follow-up letters and resolution of complaints with each complainant contacted either by phone or in person to discuss the outcome. Any corrective actions identified have been documented, followed-up and implemented. Discussions with six residents (three rest home, two hospital and one interim care resident) and relatives confirmed they were provided with information on complaints and complaints forms. All residents and family interviewed confirmed that they are comfortable raising complaints and believe that these are addressed as soon as they are raised.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</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. 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 of an accident/incident. Fourteen accident/incident forms reviewed from September or October 2019 confirmed that family are kept</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>informed. Two family with a hospital level resident 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. The information pack is available in large print and is read to residents who require assistance. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
<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>	<p>FA</p>	<p>Tasman Care Home is a Bupa residential care facility. The service is certified to provide rest home and hospital (geriatric and medical) level care. There are 72 dual-purpose beds located across three levels in the care facility. At the time of the audit there were 64 residents, including 24 rest home level residents (two using respite level of care) and 40 hospital level residents (including one identified as being under an interim care scheme District Health Board contract).</p> <p>A vision, mission statement and objectives are in place. Annual quality/health and safety goals for 2019 for the facility have been determined, which link to the overarching Bupa strategic plan. Tasman Care Home is part of the Northern One group. The operations manager teleconferences with the managers from the region fortnightly to discuss the organisational goals and their progress towards these. A monthly report is prepared by the care home manager and sent to the operations manager and the Bupa continuous service improvements (CSI) team on the progress and actions that have been taken to achieve the Tasman Care Home quality goals. The operations manager completes a report to the director of care homes and rehabilitation.</p> <p>The care home manager at Tasman Care Home has been in the role for three years and has extensive experience in managerial roles. They are supported by a clinical manager who has worked in aged care for six years with two years in the current role as clinical manager. Staff spoke positively about the support/direction and management of the current management team. The operations manager supports the management team and was present during the audit along with a relieving care home manager.</p> <p>The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established,</p>	<p>FA</p>	<p>Tasman Care Home has a quality and risk management system that supports the provision of clinical care and support. Quality and risk data results are discussed in the quality/staff/registered nurse 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. 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</p>

<p>documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>and Disability Services (Safety) Act 2001. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The service introduces and evaluates quality goals annually. The 2019 annual Quality and Health and Safety Goals include: a focus on decreasing urinary tract infections (UTI's) at rest home level; to have 95% or above of fully implemented multidisciplinary reviews for all residents in 2019; more meal variety and more interaction with other care homes and community groups. The service continues to work towards these goals. The care and home manager states that the service has improved services with implementation of the goals with data reviewed confirming this.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data and complaints management. Data is being collected monthly, with documentation of analysis and discussion of trends with results communicated to staff. The internal audit schedule for 2019 has been implemented. Internal audits reviewed for 2019 confirmed that these had corrective actions in place and showed evidence of resolution of issues. There are a range of satisfaction surveys including a satisfaction survey completed last in 2019 with a very positive overall satisfaction of service. Corrective action plans are documented with evidence of resolution of issues in a timely manner.</p> <p>There are forums to discuss issues, review data and information and for staff to feed in suggestions for quality improvement. These include resident meetings, a falls focus meeting, staff meeting; clinical meetings; management meetings; quality review meetings; infection control meetings and household staff meetings.</p> <p>Falls prevention strategies are implemented for individual residents. Health and safety goals are established and regularly reviewed. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored by the health and safety committee. Hazard identification forms and a hazard register are in place. 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 with this sighted on staff files reviewed. There is a health and safety committee that meets two monthly.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents, including increasing staff at high risk falls times at hospital level care and the identification of interventions on a case by case basis to minimise future falls. The falls focus meeting is used to discuss prevention of falls, strategies to manage further falls and as a forum to provide education.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or</p>	<p>PA Moderate</p>	<p>Bupa uses Riskman which is an electronic incident reporting system to record and analyse risks including incidents, accidents, hazards and complaints. Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Fourteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse.</p>

<p>untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>Neurological observations were completed for resident falls reviewed that resulted in a potential or actual head injury, however the observations were not recorded as per timeframes in policy.</p> <p>Incidents are all reviewed by the clinical manager. Incidents are benchmarked and analysed for trends. The care home manager and clinical manager were aware of their requirement to notify relevant authorities in relation to essential notifications. One section 31 notification was completed for an unstageable pressure injury in 2019 (sighted).</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Eight staff files (one clinical manager, one unit-coordinator, two registered nurses, two caregivers, one kitchen manager, and one activities coordinator) reviewed, evidenced implementation of the recruitment process, employment contracts and completed orientation. Performance appraisals have not been completed annually. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., registered nurse, support staff) and includes documented competencies. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificate. From this, they are then able to continue with Core Competencies Level 3, unit standards. These align with Bupa policy and procedures. Of a total of 33 caregivers, a total of 17 caregivers have completed level 4 CareerForce; five who are currently studying level 4; nine who are studying level 3; two caregivers at beginning stage of orientation.</p> <p>There is an annual education and training schedule being implemented for 2019. Staff interviewed confirmed that there is sufficient training provided and that the sessions are at suitable times. Caregivers interviewed stated that the improvements in training offered over the years has enhanced their ability to provide quality of care. The service offers the same topics at different times and this allows staff to attend at a time that suits them. Opportunistic education is provided via toolbox talks. These occur at times in relation to incidents or complaints. For example, toolbox training was provided in response to three complaints documented in 2019.</p> <p>There are eleven RNs (including the clinical manager and unit coordinator) and five have completed interRAI training. Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). There are a number of implemented competencies for registered nurses including insulin administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, syringe driver and medication competencies.</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>	<p>FA</p>	<p>There is an organisational staffing policy that includes skill mixes. Tasman Care Home has a four-weekly roster in place which ensures there are adequate staffing levels to meet the acuity and safety needs of the residents. The care home manager and clinical manager are both full time and available during weekdays. The care home manager is on-call after hours for any organisational concerns and the clinical manager, unit coordinator and a senior RN share the on-call for any clinical issues. A model of nursing care and caregiver roster is in place to ensure staff have a greater level of security of hours whilst allowing the roster to be responsive to occupancy. Adequate RN cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support the RNs.</p> <p>The facility is divided into three levels of 24 beds. On level one with 24 residents in total, there are 16 rest home including one on respite care and eight hospital residents; on level two with 21 residents, there are 5 rest home and 16 hospital level residents including one interim level care; and on level three, (19 residents, - four rest home level including one respite and 15 hospital level residents).</p> <p>There are three caregivers on each shift (each level) plus a flexi caregiver on the afternoon shift added if there is full or near full occupancy. On the afternoon shift, there are three caregivers on each level. Overnight, there are three caregivers and two registered nurses.</p> <p>There is a registered nurse on each morning and afternoon shift on levels two and three and a registered nurse rostered onto the morning shift for five days a week. An extra registered nurse is rostered on to an afternoon for one day a week to support the doctor's round. Staff, residents, family and managers confirm that there are sufficient staff.</p> <p>There is a unit manager (registered nurse) on level 2 in the AM.</p> <p>Staff interviewed confirmed that staffing was sufficient. Residents and relatives interviewed confirmed bells were answered in a timely manner and staffing was sufficient.</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</p>	<p>PA Low</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Staff who administer medications (RNs and medication competent caregivers) have been assessed for competency on an annual basis. Registered nurses have completed syringe driver training. Education around safe medication administration has been provided annually. There is evidence of medication reconciliation on delivery of medications (robotic rolls). The three medication fridges had temperatures monitored and recorded daily and these were maintained within the acceptable temperature range. All eye drops were dated on opening. Standing orders that are used by the service were reviewed and approved by the GP. There was one self-medicating resident on the day of audit. An updated medication competency assessment was present on file.</p> <p>Ten medication charts on the electronic medication system were reviewed. All ten medication charts had photo identification and allergy status documented on the chart. All ten medication charts met prescribing legislative</p>

guidelines.		requirements for regular and 'as required' medications however the effectiveness of 'as required' medication was not documented after administration.
<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 on-site by a qualified head chef (Monday-Friday) who is supported by casual weekend cooks and three kitchenhands. The head chef also oversees the procurement of the food and management of the kitchen. All kitchen staff have completed food safety training. The organisational four-weekly seasonal menu has been reviewed by the Bupa dietitian. The menu has a vegetarian option and diabetic desserts. Modified meals are also provided. The chef receives the resident's nutritional requirement form on admission and is notified of any dietary changes. The daily menu is displayed in all dining areas. The cooked food is delivered to the rest home, and hospital in bain maries. Each floor has a well-equipped kitchenette that has a servery out to the dining area.</p> <p>Fridge, freezer and end cooked meat temperatures are taken and recorded daily. Perishable foods sighted in the fridges were date labelled. The dishwasher is checked regularly by the chemical supplier. Staff have received training in chemical safety. Chemicals are stored safely. A weekly and monthly cleaning schedule is maintained. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are conducted to monitor performance and quality interventions implemented to address shortfalls. The food control plan expires on the 23 March 2020.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices and cultural meals were enjoyed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There was documented evidence that family members were notified of any changes to their relative's health status. Changes to residents' health and required supports is updated on the care plans.</p> <p>Resident care plans reviewed were updated to reflect current needs and changes in care. Both the interim care and respite resident had initial assessments and a basic care plan that addressed all identified needs.</p> <p>Adequate dressing supplies were sighted in the treatment rooms. The service had detailed wound management policies and procedures. Wound assessment and treatment forms, ongoing evaluation forms and evaluation notes were in place for six hospital residents with wounds (three skin tears and three chronic leg ulcers). There were no residents with pressure injuries on the day of the audit. On interview, the three RNs and the unit coordinator stated that they could access the DHB wound or continence specialist nurse if they assessed that this was required. There is evidence in files of the wound specialist consultations for the residents with chronic leg ulcers.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel</p>

		<p>management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed and this could be described by the two RN's interviewed.</p> <p>Monitoring charts were in place for weekly and monthly weights and vital signs, blood glucose, pain, turning charts and behaviour monitoring as required, however there was a shortfall around neurological observations not being fully completed, as per policy for residents that have had unwitnessed falls (link 1.2.4.3).</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 one activities coordinator and two activity assistants to provide an integrated rest home, and hospital activities programme from Monday to Friday. The team is led by a qualified diversional therapist. The care staff oversee the activities programme over the weekends and public holidays. All three staff members have attended BUPA activity study days and have current first aid certificates.</p> <p>There are two activity programmes; one covering all three levels of the hospital and rest home and another for the serviced apartments. Residents in the serviced apartments attend some care home activities. The activities programme includes bingo, bowls, pet therapy, board, weekly movies and word games and a knitting club. There are regular musical entertainers and visitors to the facility including school choirs, school children and babies, visitors with their dogs and residents from other care homes. There are twice weekly (Mondays and Fridays) van outings to places of interest, shops and cafés, picnics, community functions and inter-home bowls competitions. Events such as birthdays, Easter, Mother's Day, ANZAC Day are celebrated. Residents are encouraged to maintain community links such as library visits, shopping outings into the community and visits to other local rest homes. Church services are held every second Sunday. Daily one-on-one activities occur such as individual walks, reading and chats and nail/hand care for residents who are unable or choose not to be involved in group activities. The physiotherapy assistant facilitates an exercise class twice a week for residents that are high falls risk and implements individual exercise programmes as prescribed by the physiotherapist.</p> <p>An activity assessment and Map of Life is completed for all residents on admission. Socialising and activities are included in the My Day, My Way care plan. A copy of the Map of Life and the two-weekly activities programme is available in each resident's room for easy access to residents, family and staff. The activity assistants are involved in the six-monthly MDT review. The service receives feedback and suggestions for the programme through surveys and resident meetings. Residents and family members interviewed stated the activity programme was varied and there were lots to choose from.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are</p>	FA	<p>The five care plans reviewed were updated by the registered nurses as the resident's care requirements changed. The three long-term care plan evaluations reviewed were comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. All three long-term care plans were evaluated within the required timeframes. The short-term care plans reviewed for short term needs were evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. The care staff interviewed stated they</p>

evaluated in a comprehensive and timely manner.		were informed of any changes to resident care. Activities plans are in place for all three long term resident files and these are also evaluated six-monthly. The family members interviewed confirmed that they are informed of any changes to the care plan.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	Bupa Tasman Care Home has a current building warrant of fitness is posted in a visible location (expiry 16 June 2020). There is a maintenance person employed (from Monday to Friday and on call after hours and on weekends) to address the reactive and planned maintenance programme. All medical and electrical equipment has been recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (clinical manager) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and laboratory that advise and provide feedback/information to the service. Data is benchmarked with other facilities and improvements made when required as a result of analysis of data. There have been no outbreaks since the previous audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Interviews with the staff confirmed their understanding of restraints and enablers. At the time of the audit, the service had two residents using a restraint (bed rails) and no residents with an enabler. Staff training around restraint minimisation was last completed in 2019.

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 Moderate	Neurological observations are taken when a resident has an unwitnessed fall or a fall where there has been a head injury. Six incident forms reviewed related to resident’s who had unwitnessed falls. Of these, five did not have neurological observations taken as per timeframes in the policy.	Neurological observations are recorded however the timeframes for recording these are not adhered to as per policy.	<p>Ensure that any neurological observations for a resident who has had an unwitnessed fall or a head injury following a fall are recorded for the time required as per policy.</p> <p>90 days</p>
<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	The policy identifies that annual performance appraisals are expected to occur. One of the eight staff files reviewed showed evidence of an annual performance appraisal.	Seven of eight staff files did not include evidence of annual performance	Complete annual performance appraisals as per policy.

			appraisals.	180 days
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	Regular and PRN (as required) medications were prescribed and administered correctly. All ten of medication charts had been reviewed by the GP three monthly. The standing orders in use were reviewed and approved by the GP. In five of the ten medications charts, the effectiveness of 'as required' medication administered was not recorded.	Five of the ten medication charts did not have the effectiveness of 'as required' medication recorded after administration.	<p>Ensure the effectiveness of 'as required' medication is recorded after administration.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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

End of the report.