

Bupa Care Services NZ Limited - Tararu Rest Home & Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

| | |
|---|--|
| Legal entity: | Bupa Care Services NZ Limited |
| Premises audited: | Tararu Rest Home & Hospital |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 4 February 2020 End date: 5 February 2020 |
| 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: | 60 |

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

Tararu Rest Home & Hospital is part of the Bupa group of aged care facilities. The care facility has a total of 62 beds suitable for rest home and hospital (geriatric and medical) levels of care. During the audit there were 60 residents at the facility.

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

The service is managed by an experienced care home manager who is new to the role and is also a registered nurse. The care home manager is supported by a clinical manager, a unit coordinator and a Bupa regional manager.

The GP, residents and relatives interviewed, all spoke positively about the home, staff and the care provided.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Tararu. Quality initiatives are implemented which provide evidence of improved services for residents.

There are improvements required by the service around; adverse events, medication documentation and timeliness of assessments.

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. |
|--|--|--|

The service complies with the Health and Disability Commissioner's Code of Health and Disability Consumers' Rights. Staff strive to ensure that care is provided that focuses on the individual resident, values residents' autonomy and maintains their privacy and choice. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Complaints and concerns have been managed and a complaints register is maintained.

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. |
|---|--|---|

The care home manager is supported by a clinical manager, a unit coordinator, registered nurses, caregivers and support staff.

The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys.

Health and safety policies, systems and processes are implemented to manage risk.

Appropriate employment processes are adhered to. An education and training programme is established. The roster provides sufficient and appropriate staff cover for the effective delivery of care and support.

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.

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. |
|--|--|---|

Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is a comprehensive admission package available prior to or on entry to the service. The residents and family interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. A sample of residents' files validated the service delivery to the residents. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Planned activities are appropriate to the resident groups. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each consumer group. The residents and family interviewed confirmed satisfaction with the activities programme.

Staff responsible for medication management have current medication competencies. Medication policies reflect legislative requirements and guidelines. The medicine records reviewed had been reviewed at least three monthly by a medical practitioner.

All meals and baking are done on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required. The menu is 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. |
|--|--|--|

The building holds a current warrant of fitness. Resident rooms are single, spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Chemicals are stored securely throughout the facility. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures are monitored.

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 and implemented. There were seven residents using restraints and one resident using an enabler during the audit. A registered nurse is the designated restraint coordinator. Staff are offered training in restraint minimisation and challenging behaviour management, which begins during their orientation to 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. |
|---|--|--|

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Staff receive ongoing training in infection control.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Standards | 0 | 47 | 0 | 3 | 0 | 0 | 0 |
| Criteria | 0 | 98 | 0 | 3 | 0 | 0 | 0 |

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

Attainment against the Health and Disability Services Standards

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

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

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

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

| Standard with desired outcome | Attainment Rating | Audit Evidence |
|---|-------------------|---|
| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | FA | <p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Consumers’ Rights (the Code) policy and procedure is implemented. Discussions with the care home manager, one RN unit coordinator, three registered nurses, six caregivers, the maintenance person, the cook, the diversional therapist and a housekeeper confirmed their familiarity with the Code. Interviews with four residents (three from the rest home and one at hospital level) and seven relatives (four hospital and three rest home) confirmed that the services being provided are in line with the Code. Aspects of the Code are discussed at staff and resident meetings.</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>There was informed consent policies, procedures and advanced directives in place. Signed admission agreements and general consent forms were sighted in all eight resident files sampled (four rest home resident files and four hospital level of care resident files including one resident funded by ACC). There was evidence in files sampled of family/EPOA discussion with the GP for medically indicated not for resuscitation status where residents were not deemed to be competent.</p> <p>In the files sampled, there was an appropriately signed resuscitation plan and advance directive in place. Discussions with residents and family/whānau where appropriate, and client files demonstrated they are involved in the decision-making process and in the planning of the resident’s care.</p> |

| | | |
|--|----|---|
| | | Discussions with staff confirmed they are familiar with the requirements to obtain informed consent for entering rooms and personal care. |
| <p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p> | FA | <p>There is a policy that describes the role of advocacy services. Staff receive training on advocacy. Information about accessing advocacy services is available in the information presented to residents and their families during entry to the service.</p> <p>Interviews with staff, residents and relatives confirmed that they were aware of the availability of advocacy services and how to access an advocate. The complaints process reminds the complainant of their right to contact the Health and Disability Advocacy service with contact details provided.</p> |
| <p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p> | FA | Residents are encouraged to be involved in community activities and maintain family and friend's networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Visiting can occur at any time. Community links were evident and included (but were not limited to) local churches and the local schools. |
| <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 policy describes the management of the complaints process. Complaints forms are available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>There is an electronic complaint register. Fifteen complaints were received in 2019 and none YTD 2020. Timelines determined by HDC were met, and corrective actions (where indicated) were actioned. The complainant was kept informed throughout the complaints process. Corrective actions following complaints have included toolbox talks, call bell reviews, and meetings with complainants.</p> <p>One complaint, lodged with the Health and Disability service in April 2019, remains under investigation. Discussion with the complainant's husband on the day of audit indicated he is very happy with the care and support that is now provided.</p> <p>Complaints are discussed in quality meetings. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p> |

| | | |
|--|----|---|
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | FA | <p>There are posters displaying the Code. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the RN responsible for admitting the resident discusses the Code with the resident and the family/whānau. Information is given in the information pack to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss.</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>The service has implemented the Bupa policies which align with requirements of the Privacy Act and Health Information Privacy Code. The care home manager is the privacy officer. During the audit, staff were observed gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged.</p> <p>There is an abuse and neglect policy that is implemented, and staff have undertaken training on abuse and neglect.</p> |
| <p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p> | FA | <p>The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori tikanga best practice guidelines, which are posted in visible locations. Linkages to local iwi and community members have been established and are documented for staff to access.</p> <p>There were no residents who identified as Māori at the time of audit.</p> |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p> | FA | <p>The service has established cultural policies aimed at helping to meet the cultural needs of its residents; all residents at the time of audit were able to communicate in English.</p> <p>All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values is used to develop a care plan which the resident (if appropriate) and/or their family/whānau are asked to consult on. Cultural preferences are also identified in the resident's map of life and 'my day/my way' documentation.</p> <p>Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents. Links are identified with the local community.</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 all staff 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>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</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. The service receives support from the district health board which includes visits from specialists. Physiotherapy services are provided three hours per week. Education and training for staff includes in-service training and competency assessments. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain as independent as possible.</p> <p>The care home manager, who has been in the role for six months has implemented a process of cultural change including providing a supportive environment, training and mentoring for the staff. The Bupa quality team have also been supporting the new manager with this process. The stable and supportive management environment has improved staff satisfaction as demonstrated by the November 2019 staff survey (staff engagement; 48% May to 62% November). Staff and the GP interviewed all commented on the improved culture and supportive manager. Team support has also included an improved handover process and staff access to education. Resident focussed initiatives have included a falls reduction action plan (falls have decreased in the last three months) and improved meal services. The service anticipates the resident and family survey for 2020 will reflect these improvements and verbal feedback has been very positive.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | <p>FA</p> | <p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of family communication is held in each resident's file.</p> <p>Regular resident meetings provide a venue where issues can be addressed.</p> <p>Ten incident/accidents forms randomly selected for review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status (link to</p> |

| | | |
|--|----|--|
| | | 1.2.4.3). Interpreter services are available if needed. |
| <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>Tararu Rest Home & Hospital is part of the Bupa group of aged care facilities. The care facility has a total of 62 beds suitable for rest home and hospital levels of care. Hospital level of care is certified for geriatric and medical. During the audit there were 60 residents at the facility; 31 rest home and 29 hospital (including one ACC and one Long Term Support-Chronic Health Conditions [LTS – CHC]). Seven rest home and hospital beds are certified for dual purpose.</p> <p>Bupa's overall vision and values are displayed in a visible location. All staff are made aware of the vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan. There are documented quality/health and safety goals that are reviewed monthly and signed off when achieved.</p> <p>The care home manager has been in the role for six months. She is an experienced registered nurse and manager, having managed another Bupa service prior to Tararu. She is supported by a clinical manager/RN who oversees the hospital and a unit coordinator/RN who oversees the rest home.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.</p> |
| <p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p> | FA | <p>In the absence of the care home manager, the administrative staff and the clinical manager/RN, with support from the operations manager are in charge. For extended absences, a Bupa relieving care home manager is rostered.</p> |
| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p> | FA | <p>The Bupa quality and risk management programme is in place and has been fully implemented for six months since the new care home manager commenced in the role. Interviews with the manager confirmed her understanding of the quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that</p> |

| | | |
|--|---------------|--|
| <p>maintained quality and risk management system that reflects continuous quality improvement principles.</p> | | <p>the facility 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, evidenced in meeting minutes.</p> <p>Data collected (eg, falls, medication errors, wounds, skin tears, pressure injuries, complaints, challenging behaviours) are collected on RiskMan and evaluated with results communicated in the monthly staff/quality meetings. Quality outcomes are displayed for staff to review in the staffroom. Corrective actions are implemented where data exceeds acceptable levels. Clinical review meetings have been documented once to twice a week as well as one to two monthly RN meetings. Clinical review meetings and RN meetings document that new residents, residents of concern and other resident risks (pressure injuries, falls and skin tears as examples) are discussed.</p> <p>An internal audit programme is in place. The new manager has completed and followed-up on all audits for the last six months, not all audits had been documented prior to this. The new manager has reviewed the audit schedule and completed additional audits to ensure that all audits have been completed year to date. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by the care home manager when implemented. Annual resident satisfaction surveys are conducted.</p> <p>The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. The care home manager and maintenance person are the health and safety officers. The health and safety team has met monthly for the last six months. Staff undergo annual health and safety training which begins during their orientation. All staff are provided with information about their responsibility under the Health Safety at Work Act 2015. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed.</p> <p>Strategies are implemented to reduce the number of falls. This includes (but is not limited to) ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and intentional rounding.</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</p> | <p>PA Low</p> | <p>There is an accident and incident reporting policy. Adverse events are investigated by the registered nurse at the time of the event and by the clinical manager each month, evidenced in all fifteen accident/incident forms reviewed. Adverse events are linked to the quality and risk management programme. There is evidence to support actions are undertaken to minimise the number of incidents. Clinical follow-up of residents is conducted by a registered nurse. Unwitnessed falls include neurological observations.</p> |

| | | |
|---|-----------|--|
| <p>consumers and where appropriate their family/whānau of choice in an open manner.</p> | | <p>Discussion with the care home manager and clinical manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided, however one pressure injury had no incident form or notification form.</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>FA</p> | <p>There are human resource management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Eight staff files reviewed (four caregivers, two RNs, one clinical manager and one DT) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements, job descriptions and up to date staff appraisals.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The care home manager has implemented a range of strategies to ensure that staff receive the education they require. This has included; a series of education packages with follow-up questions and paid training days. There is an attendance register for each training session and an individual staff member record of training. Opportunistic education (toolbox talks) are provided during handovers. The competency programme has different requirements according to work type (eg, caregivers, RN, and cleaner). Core competencies are completed annually and a record of completion is maintained – competency register sighted.</p> <p>Registered nurses are supported to maintain their professional competency. Nine registered nurses are employed and seven have completed their interRAI training. There are implemented training sessions and competencies for registered nurses including (but not limited to) medication competencies, Bupa RN training days and training through RN and clinical review meetings.</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>A staff rationale and skill mix policy is in place. The care home manager and the clinical manager are RNs who are employed on a full-time basis (Monday – Friday). They are supported by a unit coordinator/RN (Monday – Friday).</p> <p>For the current 29 hospital level care residents:</p> <p>AM: There is one RN, and six caregivers: three work a full shift, and three a short shift. The afternoon shift is covered by an RN and six caregivers: two who work the full shift and four who work 1500 to 2130.</p> <p>In the rest home wing for 31 residents:</p> <p>AM: There is an RN or unit coordinator and two caregivers one who works the full shift and one a short shift. The afternoon shift is covered by one caregiver who works the full shift and two others working</p> |

| | | |
|---|--------|--|
| | | <p>shorter shifts.</p> <p>On the night shift there is one RN and three caregivers for the service.</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. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant caregiver or RN.</p> |
| <p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p> | FA | <p>Bupa Tararu has a comprehensive admission policy. Residents are assessed prior to entry to the service by the needs' assessment team. Specific information is available for residents/families/whānau at entry. The information pack includes all relevant aspects of the service and residents and/or family/whānau are provided with associated information such as the Code, how to access advocacy and the health practitioners code. The eight admission agreements sighted aligned with contractual requirements. Exclusions from the service are included in the admission agreement.</p> |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | FA | <p>There is a policy in place with guidelines for death, discharge, transfer, documentation and follow-up. All relevant information is documented on the Bupa transfer form and accompanied with a copy of the resident admission form, most recent GP consultation notes and medication information. Resident transfer information is communicated to the receiving health provider or service.</p> <p>There is documented evidence of family notification of appointments and transfers. Relatives interviewed confirmed that they are notified and kept informed of the resident's condition.</p> |
| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that</p> | PA Low | <p>Registered nurses and medication competent caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. There are no standing orders in place.</p> <p>There are two self-medicating rest home residents and two self-medicating hospital residents. The self-</p> |

| | | |
|---|-----------|---|
| <p>complies with current legislative requirements and safe practice guidelines.</p> | | <p>medicating competency and monitoring was in place and the medications were securely stored in the resident's room.</p> <p>There are two medication rooms with keypad access control. The medication fridge and medication rooms have temperatures recorded daily and these were within acceptable ranges. There is an agreement with the pharmacy. The facility uses a robotics pack medication management system for the packaging of all tablets. Eyedrops and other liquid medications were dated on opening.</p> <p>The facility utilises an electronic medication management system for all long-term residents. The sixteen medication charts reviewed (eight hospital and eight rest home) had photo identification documented on the chart. Not all residents' files within the electronic medication charting system had the resident's allergies documented. All medication charts evidenced three monthly reviews by the GP. Prescribed medication was signed after being administered as witnessed on the day of the audit. All 'as required' medication prescribed had indications for use documented by the GP. Effectiveness of 'as required' medication administered was documented.</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> | <p>FA</p> | <p>All meals are prepared and cooked on site. The service utilises a four weekly summer and winter menu that has been reviewed by the Bupa dietitian. There is a full time cook, a second in charge cook and a relief chef. There are two kitchenhands working each shift to support the cook.</p> <p>The lunch and dinner meals are plated in the kitchen. Rest-home resident meals are served in the dining room adjacent to the kitchen, hospital residents' meals are plated and placed in a hot box and serviced in the hospital dining room or in residents' rooms. Resident likes and dislikes are known, and alternative choices offered. The residents have a nutritional profile developed on admission and the kitchen staff receive a copy, which identifies the residents' dietary requirements and likes and dislikes. Special diets include gluten free, diabetic and pureed meals. The cook is notified of any residents with weight loss. Protein drinks and fluids were available in the kitchenette fridges. Lip plates and specialised utensils are provided to promote and maintain independence with meals. Fridge, freezer and end cooked meat temperatures are taken and recorded daily. Perishable foods sighted in the kitchen pantry were dated and stored in sealed containers. Staff have received training in chemical safety. Chemicals sighted were stored safely. A signed cleaning schedule is maintained.</p> <p>Staff were observed assisting residents with their meals. Resident meetings and surveys, along with direct input from residents, provides resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> |

| | | |
|--|-----------|---|
| <p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p> | <p>FA</p> | <p>The reason for declining entry to Bupa Tararu Rest Home and Hospital would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined. Potential residents would be referred to the referring agency if entry is declined.</p> |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | <p>FA</p> | <p>The service uses the Bupa assessment booklets and person-centred templates for all residents on admission. The assessment booklet includes falls, Braden pressure area, skin, mini nutritional, continence, pain activities and culture. Nutritional and dietary requirements are also completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>The interRAI process is being implemented and ongoing interRAI assessments have been completed six monthly, or earlier due to health changes (link 1.3.3.3). Resident needs and supports are identified through the ongoing assessment process in consultation with significant others as verified in the staff and family/whānau interviews. InterRAI assessments, assessment notes and summary were in place for all resident files reviewed. The outcomes of the assessments are reflected in the care plan.</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>The initial care plan is developed from the initial admission assessment process and the needs identified by the registered nurse. Comprehensive long-term care plans are individually developed and were reflective of the outcomes of the interRAI and risk assessment tools completed. Long-term care plans are completed in consultation with the resident and/or family/whānau. Residents and family members interviewed stated they were involved in the care planning process. All long-term care plans reviewed were up to date. Nursing diagnosis, goals and outcomes were identified. Care plan interventions were individualised for each resident. All long-term care plans reviewed recorded sufficient detail to guide care staff.</p> <p>Activities care plans were completed for all eight resident files. Activity plans are reviewed six-monthly with the long-term care plans. Residents have been seen by the GP at least three monthly or more frequently if required. The GP recorded progress in the medical records and noted reviews on the resident's medicine management charts. Short-term care plans were being used for acute changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan.</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>FA</p> | <p>The eight care plans reviewed included interventions that reflected the resident's current needs. When a resident's condition changes the RN initiates a GP visit or nursing specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status.</p> <p>Continence products are available and resident files included a urinary continence assessment, bowel management, and continence products were identified. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Wound assessment, wound management and evaluation forms and plans were in place for 36 wounds (19 skin tears, four chronic lesions, one leaking oedematous wound, two surgical wounds, one resident with multiple lesions, one ulcer and four pressure injuries). Two pressure injuries were facility acquired and two pressure injuries were present on admission. There was evidence of input from the wound care nurse, GP and nurse practitioner.</p> <p>Monitoring charts reviewed included monthly and weekly weight charts, monthly vital signs, neurological observations post-unwitnessed falls.</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 one activity coordinator for the rest home and hospital who works 37.5 hours (Monday to Friday) per week and one activities coordinator for the Day Club who works three days per week. The activity coordinator is involved in the admission process, completing the initial activities assessment and has input with the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. The activity programme covers activities across the rest home and hospital five days a week. Over the weekends, the caregivers oversee the activities programme, entertainers visit and there is a weekly church service held on a Sunday with input from a variety of denominations.</p> <p>The activity coordinator has a first aid certificate and accompanies the residents on the van drives. All activities plans were completed within timeframes, a monthly record of attendance to activities is maintained and evaluations are completed six-monthly. A copy of the map of life and weekly activities programme is in the resident's room. The monthly and weekly programmes are displayed on noticeboards throughout the facility. There are a general range of activities for all residents to join in and activities for more able residents.</p> <p>The activities coordinator stated that the programme varies according to resident requests. The activities team provides individual and group activities for all residents that includes catch and exercise with a beach ball, housie, bingo, skittles, quiz, and today in history sessions. Weekly van outings</p> |

| | | |
|---|----|--|
| | | <p>include visits to the night lights, beaches, cafés and garden centres. One-on-one activities include hand massages, individual walks, reading and chats for residents who are unable or choose not to be involved in group activities. Community links are maintained with church groups, pre-schools, a day-care, schools and community entertainers.</p> <p>There are monthly resident and family meetings, where residents and their families have the opportunity to provide feedback on all aspects of the facility including activities.</p> <p>On the days of the audit residents were observed participating in exercise sessions and activities. Residents and families interviewed were happy with the activities programme and content.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>The care plans are reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status, in resident long-term files sampled. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activity coordinator and any other relevant person involved in the care of the resident. Family members are invited to attend the MDT review. The review checklist identifies the family member who has attended the review. There are short-term care plans available to focus on acute and short-term issues. These are evaluated regularly and either resolved or added to the long-term care plan as an ongoing problem. Wound care charts were evaluated in a timely manner. Care plans were updated when needs change.</p> <p>The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</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>Referrals to other health and disability services were evident in the sample group of residents' files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. Examples of referrals sighted were to physiotherapy and hospital specialists. Discussions with the clinical manager, unit coordinator and registered nurses identified that the service has access to GPs, ambulance/emergency services, allied health, physiotherapy, and wound specialists for advice and support.</p> |
| <p>Standard 1.4.1: Management Of Waste And Hazardous</p> | FA | <p>There are documented policies and procedures in place for the management of waste and hazardous substances. Chemicals were correctly labelled and stored in locked cupboards throughout the facility.</p> |

| | | |
|--|-----------|---|
| <p>Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p> | | <p>Staff training on chemical safety, management of waste and hazardous substances was evidenced. Safety datasheets and product wall charts are available to all staff. Approved sharps containers were available and meet the hazardous substances regulations for containers. Gloves, aprons, and goggles were available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff were observed wearing appropriate personal protective clothing when carrying out their duties. Cleaning staff took cleaning trolleys into the resident rooms or they were in their line of sight so that chemicals were not left unattended.</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 holds a current building warrant of fitness, which expires on 16 May 2020. There is a full-time maintenance person who works from Monday to Friday and is on call after hours and on weekends. There is a Bupa 52-week planned preventative and reactive maintenance programme in place. The checking of medical equipment including hoists, has been completed annually. Electrical testing and tagging have been completed annually. The hot water temperatures are monitored weekly on a room rotation basis. Temperatures were recorded between 39 – 45 degrees Celsius.</p> <p>The living areas are carpeted, and vinyl surfaces exist in bathrooms/toilets and kitchen areas. There is a rest home section with a large lounge and dining area and a hospital section, with a lounge and dining area. The corridors are wide, with handrails which promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the facility with mobility aids, where required. There was outdoor furniture and seating with shade sails in place and a ramp for wheelchair access to all external areas. There is one designated smoking area for staff at the rear entrance. The facility gardens were well maintained and easily accessible to all residents and staff.</p> <p>The registered nurses and caregivers interviewed stated that they have sufficient equipment referred to in care plans and 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 are 33 bedrooms that have full ensuites in the facility. All residents' bedrooms have hand basins. There are adequate numbers of communal toilets and shower rooms with privacy locks. There are communal toilets located close to communal areas in the rest home and hospital areas. There is appropriate signage, easy clean flooring and fixtures, and handrails appropriately placed. Locks indicate whether the communal toilet/showers are vacant or in use. 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> | FA | <p>All bedrooms are single. The bedrooms are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Staff interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms have wide doors for bed evacuation or ambulance trolley access. Residents are encouraged to bring their own pictures, photos and small pieces of furniture to personalise their room. A tour of the facility evidenced personalised rooms including the residents own furnishing and adornments.</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> | FA | <p>There are three lounges and two dining rooms. All the dining rooms and lounges accommodate specialised lounge chairs as evidenced on the days of the audit. There is a kitchenette, in the rest home section. All lounge/dining rooms are accessible and accommodate the equipment required for the residents.</p> <p>Seating and space is arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander. Residents were observed moving freely around the facility and the furniture is well-arranged to facilitate this. Care staff assist or transfer residents to communal areas for dining and activities.</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> | FA | <p>There are policies in place including cleaning department, use of equipment policy and cleaning schedules. There is a cleaning schedule/methods policy for cleaners. All laundry and personal clothing are laundered on site. There are dedicated laundry staff on duty daily. There is a defined clean/dirty area within the laundry which also has an entry and exit door. Chemicals are stored securely in the laundry area.</p> <p>There are dedicated cleaners working seven days a week. Cleaning products are colour coded, for example mop heads for each area. Personal protective equipment is available in the laundry, cleaning and sluice room. Staff were observed to be wearing appropriate protective wear when carrying out their duties. The cleaners' trolleys are stored in locked areas when not in use. Both the laundry and cleaning staff have completed chemical safety training. Cleaning and laundry staff were very knowledgeable around outbreak management.</p> |
| <p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an</p> | FA | <p>There is an approved evacuation scheme in place. There is a comprehensive civil defence and emergency procedures manual in place. The civil defence kit is readily accessible in a storage cupboard. The facility is well prepared for civil emergencies and has emergency lighting and gas BBQ. The kitchen has both electric and gas power. An adequate store of potable emergency water is kept.</p> |

| | | |
|---|-----------|---|
| <p>appropriate and timely response during emergency and security situations.</p> | | <p>An emergency food supply, sufficient for three days, is kept in the kitchen. Extra blankets are also available. There is a list of names and contact details of staff so that they can easily be contacted in an emergency. At least three days stock of other products such as medicines, continence products and PPE are held on site. There is a store cupboard of supplies necessary to manage an outbreak of infection.</p> <p>There is a minimum of one staff available 24/7 with a current first aid certificate. The facility is secured during the hours of darkness. An external security firm monitors the facility overnight. Appropriate training, information and equipment for responding to emergencies is provided. Staff training in emergency management occurs. Fire evacuation drills are held at least six monthly.</p> <p>The call bell system is available in all areas and there are indicator panels in each area. During the tour of the facility residents were observed to have easy access to the call bells. Residents spoken to stated that their bells are answered promptly.</p> |
| <p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> | <p>FA</p> | <p>All communal areas and resident bedrooms are well ventilated and light. The facility has radiator panels throughout the resident and communal areas. On the day of the audit, air conditioners and fans were in use for cooling. On the day of the audit the temperature of the facility was comfortable.</p> |
| <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> | <p>FA</p> | <p>Bupa Tararu has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the RiskMan incident reporting system and reported to head office. A registered nurse is the designated infection control coordinator who has been in the role for eight months. The IC coordinator has a job description and is supported in the role by the clinical manager.</p> <p>The infection control programme is reviewed by teleconference with all other infection control coordinators six monthly.</p> <p>Influenza vaccines are offered to residents and staff annually. Visitors and family are advised not to visit if they are unwell. There are hand sanitisers strategically placed throughout the facility.</p> <p>There was a flu-like outbreak reported to public health August 2019 that affected eight residents and four staff. A case log and outbreaks meetings were held during this time. Toolbox talks were provided to staff following the outbreaks around review of processes and from learnings gained during the</p> |

| | | |
|--|----|---|
| | | outbreaks. |
| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p> | FA | <p>The infection control nurse has attended external infection control education. There are monthly IC meetings which include discussion and reports on infection control data. There were adequate resources to implement the infection control programme for the size and complexity of the organisation. There is advice and support from the management team, expertise at head office, infection control consultant and infection control officer at the DHB.</p> <p>There are adequate resources to implement the infection control programme including outbreak boxes. The infection control (IC) coordinator has maintained best practice by attending an external infection control & prevention training day. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p> |
| <p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p> | FA | <p>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, 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>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.</p> |
| <p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p> | FA | <p>The infection control 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 was documented in medical records.</p> |

| | | |
|---|----|--|
| | | <p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice and group benchmarking.</p> <p>Infection control training is regularly held as part of the annual training schedule. IC competencies and toolbox talks are also held.</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> | FA | <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>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. There is close liaison with the general practitioners that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p> | FA | <p>Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Restraint is discussed as part of staff/quality meetings and in separate restraint meetings. Documented systems are in place to ensure the use of restraint is actively minimised. There were seven residents using restraints in the form of bed rails or a low bed and one resident using an enabler in the form of a bed rail at the time of the audit.</p> <p>A registered nurse is the restraint coordinator. The coordinator described strategies around restraint minimisation and assists with staff education around restraint minimisation. Staff interviews evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Education and competencies on restraint minimisation are scheduled as part of the Bupa training schedule.</p> <p>Two residents' files reviewed; one where an enabler was being used (bedrails) and one restraint file (low bed). Both reflected an assessment and consent process had been completed with regular reviews. Residents using an enabler are monitored for safety.</p> |

| | | |
|---|-----------|--|
| <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> | <p>FA</p> | <p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (staff RN) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p> |
| <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> | <p>FA</p> | <p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the RN in partnership with the GP, resident and their family/whānau. Oversight is provided by the restraint coordinator. Restraint assessments are based on information in the care plan; resident/family discussions and observations.</p> <p>Ongoing consultation with the resident and family/whānau are evident. Files for two residents were reviewed; one restraint and one enabler. The completed assessments considered those listed in 2.2.2.1 (a) - (h).</p> |
| <p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p> | <p>FA</p> | <p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, family and the GP. The use of restraint was linked to the resident's restraint care plan including risks associated with use and care and monitoring interventions.</p> <p>An internal restraint audit, conducted annually, monitors staff compliance in following restraint procedures.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Staff were completing the monitoring forms accurately and within set timeframes.</p> |

| | | |
|---|-----------|--|
| <p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p> | <p>FA</p> | <p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are scheduled three-monthly and frequently occur with greater frequency (eg, two monthly). Restraint use is discussed in a range of meetings (restraint meetings, staff meetings, RN meetings) confirmed in the meeting minutes.</p> |
| <p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p> | <p>FA</p> | <p>The Bupa restraint minimisation programme is discussed and reviewed at a national level and includes identifying trends in restraint use, reviewing restraint minimisation policies and procedures and reviewing the staff education and training programme.</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 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p> | PA Low | The care home manager was able to explain the requirement to notify relevant bodies in relation to essential notifications. The manager was also able to explain the incident and accident process on RiskMan. One pressure injury which required an essential notification and incident form did not have this documented from April 2019. | A stage three pressure injury (also part of a Health and Disability complaint from April 2019) has no incident form or section 31 report documented. | <p>Ensure that all pressure injuries have a documented incident form and section 31 reports are documented for pressure injuries stage three or greater.</p> <p>90 days</p> |
| <p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the</p> | PA Low | The service uses an electronic medication charting system. All medications are safely stored in secure rooms. A medication round observed, evidenced that a safe and correct process is followed. Allergies to | An electronic medication charting system was in place. Allergies had not been documented for six | Ensure all allergies are documented on the electronic |

| | | | | |
|--|--------|---|---|---|
| safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | | medication were documented in resident's paper-based files, not all allergies were documented in the electronic medication charting system. | of the seventeen medication files reviewed. | medication charting system. 30 days |
| <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> | PA Low | All files sampled had initial assessments, care plans, and long-term care plans in place. All residents' files sampled had interRAI assessments completed. Not all initial interRAI assessments had been completed within the required timeframe. Long-term care plans were completed within the required timeframe. Routine interRAI assessments and six-monthly evaluations had been completed for the long-term residents. | Initial interRAI assessments had not been completed within the required timeframe for five of six ARC resident files sampled (these files were residents who had been admitted since the last audit). | Ensure all initial interRAI assessments are completed within the required timeframe. 90 days |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

| |
|--------------------|
| No data to display |
|--------------------|

End of the report.