

Bupa Care Services NZ Limited - Gladys Mary Rest Home

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: Gladys Mary Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 22 January 2020 End date: 23 January 2020

Proposed changes to current services (if any): One rest home resident room was assessed as suitable for a double room. This increases the available beds in the rest home from 23 to 24 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 36

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
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Gladys Mary Rest Home is part of the Bupa group. The service is certified to provide rest home, and dementia level care for up to 39 residents. There were 36 residents on the day of audit.

This certification audit was conducted against the health and disability standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management and the general practitioner. A rest home room was also verified at this audit as being suitable to be used as a double room (for couples), thus increasing total bed numbers to 39.

The service is managed by a facility manager who is non-clinical and is supported by an acting clinical manager, second registered nurse and a stable care team. The residents and relatives interviewed all spoke positively about the care and support provided at Gladys Mary.

This certification audit identified areas for improvement around quality data, emergency water and first aid training.

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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The service complies with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. Staff ensure that the care provided focuses on the individual, values each resident's autonomy and maintains their privacy and choice. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and is discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed appropriately 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.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The care home manager and an acting clinical manager are responsible for the day-to-day operations of the care facility.

Quality and risk management processes are established. Strategic plans and quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and

safety processes. Resident and family meetings are held regularly. Adverse, unplanned and untoward events are documented by staff. A health and safety programme is being implemented.

Appropriate employment processes are adhered to and employees have a staff appraisal completed on an annual basis. Registered nursing cover is provided on site five days a week. An RN is rostered on call if not on site. The residents' files are appropriate to the service type.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Resident files reviewed provide evidence that the registered nurses assess residents on admission in consultation with the resident and relatives. Assessments, care plans and evaluations are completed within the required timeframes. Care plans demonstrate service integration. Resident files included three monthly reviews by a general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medication charts on the electronic medication system include documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner.

An activities programme is implemented separately for the rest home and dementia residents with some activities integrated. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food and baking is done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans. Nutritious snacks are available 24/7 in the dementia unit.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Some standards applicable to this service partially attained and of low risk.

Chemicals are stored securely throughout the facility. The building holds a current warrant of fitness. Resident rooms are spacious and personalised. Communal areas 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. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and six-monthly fire evacuation drills. 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 to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. There were no residents using a restraint or an enabler at the time of the audit.

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 (clinical manager) 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. The service engages in benchmarking with other Bupa facilities. 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	43	0	2	0	0	0
Criteria	0	91	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<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 Commissioners (HDC) Code of Consumers' Rights (the Code) brochures are provided to residents and their families. The policy relating to the Code is implemented. The care home manager, acting clinical manager and eleven staff interviewed (five caregivers (one AM shift and four PM shift), one registered nurse (RN), one activities coordinator, one laundry, one maintenance, one cook, one cleaner) could describe the Code and provide examples of how it is incorporated into their job role and responsibilities. Staff receive training about the Code during their induction to the service, which continues annually through the staff education and training programme.</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 are established informed consent policies/procedures and advanced directives. General consents including for van outings are obtained on admission as sighted in the six resident files reviewed (three dementia and three rest home including one resident for respite care). Advance directives if known were on the residents' files. Resuscitation plans for competent residents were appropriately signed. Where residents were deemed unable to make a resuscitation decision the general practitioner (GP) had made a medically indicated resuscitation decision. The enduring power of attorney (EPOA) had been activated in the three dementia resident files reviewed and for rest home residents deemed incompetent to make decisions. Specific consents were obtained for procedures such as influenza vaccines.</p>

		<p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Residents and relatives interviewed confirmed they have been made aware of and fully understand informed consent processes.</p> <p>Long-term resident's files reviewed had a signed admission agreement. The respite care resident had signed a short-stay admission agreement.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) office is included in the resident information pack that is provided to new residents and their family on admission. HDC advocacy brochures are also available. Residents and families interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services.</p> <p>Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service.</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	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms for lodging informal complaints (feedback) and formal complaints are available at the entrance to the facility.</p> <p>Information about the complaints process is provided to new residents and their family on admission. Interviews with residents and family members confirmed their understanding of the complaints process. Staff interviewed could describe the process around reporting complaints.</p> <p>A complaints register is maintained electronically using RiskMan. Complaints are acknowledged, investigated and signed off as evidenced on the complaints register. Four complaints were lodged in 2019 and none in 2020 (year-to-date). Timeframes for acknowledging and responding to each complainant following a thorough investigation were met. Three of the four complaints are documented as resolved and the fourth complaint (received 27 December 2019) has been actioned</p>

		but is not yet closed. The care home manager is awaiting a response from the complainant. Missing was evidence to indicate that complaints are discussed in meetings (link 1.2.3.6).
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and HDC advocacy are included in the resident information that is provided to new residents and their families. Either the care home manager or an RN discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during resident/family meetings. All four residents and five family (four dementia, one rest home) interviewed, reported that the residents' rights were being upheld by the service.</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 residents' personal belongings are used to decorate their rooms. Privacy signage is on communal toilet and shower doors. There is one double room used for couples only. This room was assessed as suitable for rest home level of care during the audit and was occupied by a married couple.</p> <p>The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when care is being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. The residents and families interviewed confirmed that residents' privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy and are covered in staff training. No instance of suspected abuse or neglect has been reported since the last audit.</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 is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident.</p> <p>Māori consultation is available through links with Ngati Kahungunu and Māori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service. Cultural training continues as a regular/annual in-service topic. Caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p> <p>Two residents who identify as Māori are living at the facility. One Māori resident and their care plan were reviewed. The resident confirmed that their values and beliefs, which were documented in their care plan, were adhered to by staff.</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 identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Residents and families interviewed confirmed they were involved in developing the resident's plan of care.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Professional boundaries and the code of conduct are discussed with each new employee during their induction to the service, evidenced in all six staff files reviewed. Professional boundaries are described in job descriptions. Interviews with the care 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>	FA	<p>Two registered nurses are on site five days a week (Monday – Friday) and are rostered on call when not on site. A general practitioner (GP) from the local medical centre visits the facility once a week. Residents are reviewed by a general practitioner (GP) every three months at a minimum.</p> <p>Residents and families interviewed reported that they were either satisfied or very satisfied with the services received. The service receives support from the district health board (DHB), which includes (but is not limited to) specialist visits. Physiotherapy services are available as needed. Podiatry services are six weekly and hairdressing services are on site once per week.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>An open disclosure policy describes ways that information is provided to residents and families. The admission pack includes a range of information regarding the scope of services provided to the resident on entry to the service, and any items they have to pay for that are not covered by the agreement. Regular contact is maintained with families including when an incident or care/health issues arises, evidenced in the 12 accident/incident forms that were randomly selected for review. Interviews with families confirmed that they are kept informed. The information pack is available in large print and can be read to residents.</p> <p>Interpreter services are available through the DHB if required. The care home manager reported that this has not been necessary, and that family and staff would be used in the first instance. There were no residents at the facility who did not speak English at the time of the audit.</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>Bupa Gladys Mary is certified to provide rest home and dementia level care for up to 39 residents. This is an increase of one (rest home level) bed following the conversion of a single room to a double room that is being used by a married couple. There were 36 residents at the facility during the audit (21 of 24 rest home level residents and 15 of 15 beds dementia level residents).</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility are documented. These goals link to the overarching Bupa strategic plan. Progress towards meeting the goals are reviewed regularly, recorded and shared with staff in the quality meetings. Work is currently underway to develop new goals for 2020.</p> <p>The care home manager has been in his role at Gladys Mary since June 2018. He has worked as a care home manager for Bupa since June 2017. His background is in public health and police services where he has held various managerial roles. He holds a current practicing certificate from the Medical Sciences Council of New Zealand as an anaesthetic technician.</p> <p>The care home manager is supported by an acting clinical manager who has been in this role since December 2019. She is a registered nurse who was employed at Gladys Mary as a unit coordinator for the dementia unit since July 2019. Work is underway to appoint a permanent clinical manager. In the meantime, the acting clinical manager has maintained her role as unit coordinator in addition to taking on additional responsibilities as a clinical manager.</p> <p>The care home manager has maintained over eight hours annually of professional development activities relating to managing an aged care service, which includes attendance at Bupa manager days and conferences.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During the temporary absence of the care home manager, the acting clinical manager or Bupa relieving care home manager covers the care home manager's role.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>PA Low</p>	<p>A quality and risk management programme is established but not fully implemented. Quality and risk systems are overseen by the care home manager and acting clinical manager.</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. Policies are available for staff to read and sign that they have read and understand the procedures.</p> <p>Quality and risk data (eg, residents' falls, skin tears, bruising, infections) are documented on RiskMan, but are not currently being analysed or trended. Results are not reported at staff meetings.</p> <p>An internal audit schedule is in place with evidence of audits being completed as per the schedule. Corrective actions are identified on each audit form and are signed off when implemented. A satisfaction survey completed for 2019 reflected resident satisfaction. Only one corrective action plan was necessary to address lower than anticipated scores for the activities programme.</p> <p>Falls prevention strategies are being implemented. This includes the implementation of interventions on a case-by-case basis to minimise future falls and the use of sensor mats. The caregivers interviewed are aware of the residents who are at a high risk of falling and reported that this information is shared during staff handover.</p> <p>The health and safety committee meetings are scheduled monthly. Each year Bupa sets two health and safety goals that are regularly reviewed in the health and safety meetings. Hazards are identified and are discussed including how risks have been isolated or minimised. Health and safety was evidenced to be consistently discussed as an agenda item in monthly staff meetings. The care home manager is the health and safety officer and was interviewed regarding the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place (reviewed 6 January 2020). A health and safety hazard register and emergency information is posted in an area adjacent to reception. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their</p>	<p>FA</p>	<p>Staff complete an incident/accident form on an electronic database. Immediate actions and an investigation by an RN (clinical events) are documented. Twelve accident/incident forms were reviewed via RiskMan (two infections, two skin tears, one pressure injury, one property damage, six falls). Each event was investigated by a registered nurse and signed off by the care home manager. Neurological observations are undertaken if there is a suspected injury to the head.</p> <p>Discussions with the care home manager confirmed his awareness of statutory requirements in relation to essential notification. This was completed for one police investigation around property</p>

family/whānau of choice in an open manner.		damage and a potential break-in.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Job descriptions are in place that describe staff roles, responsibilities and accountabilities. The practising certificates of nurses and other health professionals were current. Six staff files were reviewed (three caregivers, one acting clinical manager, one registered nurse, one activities coordinator). Evidence of signed employment contracts and job descriptions were sighted. Annual performance appraisals were completed for staff who had been employed for over one year. Newly appointed staff have an orientation that is specific to their job duties.</p> <p>The service has a training policy and schedule for in-service education. Out of 21 caregivers employed, seven have completed their level two Careerforce qualification (or its equivalent), seven have completed their level three, and four have completed their level four.</p> <p>Eleven caregivers work in the dementia unit. Eight of these caregivers have completed their dementia qualification. The remaining three caregivers have been employed for less than 18 months and are planning to enrol in the Careerforce dementia programme.</p> <p>Both RNs (acting clinical manager and staff RN) have their interRAI qualification. There are implemented competencies for the registered nurses including (but not limited to) medication, catheter care, wound management and syringe driver competencies. Medication competencies are also completed annually for senior caregivers. Missing was evidence of a staff member trained in CPR on the occasional night shift (link 1.4.7.1).</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The staffing policy aligns with contractual requirements. The acting care home manager is available Monday – Friday. A second staff RN is on site Monday – Friday. The two RNs share the on-call roster 24/7.</p> <p>There are adequate numbers of caregivers available. The rest home wing (occupancy 21) is staffed with one long and one short shift caregiver on the morning shift, one long and one short shift caregiver on the afternoon shift and one caregiver on the night shift.</p> <p>The dementia wing (occupancy 15 residents) is also staffed with one long and one short shift caregiver on the morning shift, one long and one short shift caregiver on the afternoon shift and one caregiver on the night shift.</p> <p>There are separate cleaning and laundry staff although caregivers are expected to assist with laundry duties on the afternoon shift.</p> <p>Staffing is flexible to meet the acuity and needs of the residents. Interviews with residents and</p>

		families confirmed staffing overall was satisfactory.
<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 each resident's individual record. An initial support plan is also developed in this time.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Hard copy residents' files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate and locked storage area.</p> <p>Residents' files demonstrated service integration. Entries were legible, dated, timed and signed by the relevant caregiver or RN, including designation.</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>There are policies and procedures to safely guide service provision and entry to services. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has an information pack available for residents/families/whānau at entry that describes the rest home and dementia level of care and services provided. The admission agreement reviewed aligns with the service's contracts. 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>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was well documented in progress notes.</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>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The clinical manager, RN and medication competent senior caregivers have completed medication competencies and medication education. Medications are stored safely in both communities. Medication reconciliation of robotic rolls on delivery is completed by the RN and verified on a signing sheet. There are regular checks of 'as required' and non-packaged medications for expiry dates. There is no impress stock held on site. There was one rest home self-medicating</p>

<p>guidelines.</p>		<p>resident (nasal spray) with a self-medication competency that had been reviewed by the GP three monthly. The RNs have syringe driver competency and supported by hospice and an agency RN on night shifts if required. The medication fridge is monitored at least weekly and medication room air temperature monitoring has commenced with all temperature being within acceptable limits. No vaccines are kept on site.</p> <p>The service uses an electronic medication system. Eleven electronic medication charts and one paper-based medication chart (respite care) were reviewed and met prescribing requirements. All long-term medication charts had photo identification and allergy status noted. All 'as required' medications charted had an indication for use and outcomes were documented on the signing sheets for effectiveness.</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 at Gladys Mary are prepared and cooked on site. The rest home dining room is adjacent to the kitchen which has barrier doors for resident safety. There is a satellite kitchen in the dementia care community with a door barrier. There is a four-weekly summer menu in place that has been reviewed by the Bupa dietitian. There are two cooks that cover the seven-day week and are supported by a morning and afternoon kitchenhand. Meals are served directly from the kitchen to the rest home dining area and delivered in a bain marie to the dementia care community. Dietary needs are known with individual likes and dislikes accommodated. Pureed, diabetic desserts, vegetarian diets and allergies are accommodated. There were additional nutritious snacks available over 24 hours in the dementia care kitchenette.</p> <p>Staff were observed assisting residents with their meals and drinks in the dementia and rest home dining rooms as required. Resident meetings and surveys allow for the opportunity for 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. The cooks receive feedback on meals directly at mealtimes and through resident meetings.</p> <p>The food control plan expires 22 September 2020. Fridge, freezer and chiller temperatures are taken and recorded daily. End-cooked food temperatures, re-heating, cooling and probe calibrations are completed and recorded. All dry goods in the pantry were date labelled. The dishwasher is checked regularly by the chemical supplier. A cleaning schedule is maintained. All food services staff have completed training in food safety and hygiene.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p>	<p>FA</p>	<p>The reasons for declining entry 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</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.		family/whānau as appropriate if entry was declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	An assessment booklet including skin assessment, pain, falls assessments, cultural assessment and activity assessment is completed for all long-term residents. The respite care resident had a short-stay nursing assessment completed. Additional assessments for management of behaviour, and wound care were completed according to need. The service has embedded the interRAI assessment protocols within its current documentation. InterRAI initial assessments and assessment summaries were evident in printed format in all long-term resident files. The information obtained through the assessment processes is reflected in the care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care plans reviewed demonstrated service integration and input from allied health. The resident care plans reviewed were individualised and addressed all identified care needs. Care plans were amended to reflect changes in health status and were reviewed on a regular basis. There were specific care plans for medical needs, depression and dementia care. The care plans incorporated socialising and activities that were successful in de-escalating behaviours. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Short-term care plans are utilised for short-term needs and reviewed regularly, resolved or added to the long-term care plan if an ongoing problem.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	When a resident's condition alters, the registered nurse initiates a review and if required, GP consultation. All long-term care plans reviewed, evidenced that interventions are fully recorded and align with the resident's assessed needs. Short-term care plans are utilised for short-term care issues including changes in health conditions, infections and wounds. Progress notes reflected RN assessments and observations related to changes in health. Long-term care plans had been updated to reflect the resident's current health status. A family/whānau contact form in resident files evidenced discussions with families around changes in health. Family members stated they were informed on changes to the resident's health and their relative's needs were being met. The residents and families interviewed were complimentary of the care provided. Wound assessments, treatment and evaluations were in place for all current wounds including a

		<p>surgical wound, skin tears and chronic ulcer. There were short-term care plans in place for wounds and the chronic would was linked to the long-term care plan. There was one dementia care resident with a hospital acquired healing stage two pressure injury. Adequate dressing supplies were sighted in the treatment room. Staff receive regular education on wound management. The wound nurse specialist from the DHB has been involved in the management of the chronic wound.</p> <p>Continenence products are available and resident files included a urinary continence assessment, bowel management, and continence products identified for use. Specialist continence advice is available as needed and this could be described by the care staff interviewed.</p> <p>Monitoring forms are utilised to monitor residents state of wellbeing and the effectiveness of interventions. Monitoring forms reviewed included nutritional records, fluid balance charts, bowel records, weekly/monthly weight, blood sugar levels, vital signs, continence monitoring, behaviour charts, and neurological observations.</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>An activity coordinator works 8.30 am to 3 pm Monday to Friday, across the rest home and dementia communities. The activities coordinator is currently undertaking the diversional therapy qualification and attends regional diversional therapy meetings. She is supported by an activity assistant six hours a week over three days. There are separate activity programmes for the rest home and dementia care with integrated activities such as exercises, ball games, happy hours with music and entertainment, pet therapy and church services. There are resident led activities in the rest home including card groups and board games as observed on the day of audit. Caregivers incorporate activities in their role in the dementia care community. A quiet/family/whānau room has been designated in the dementia community with memorabilia and activity resources available for residents, staff and family. Activities are offered to meet the cognitive, physical, intellectual and emotional needs of the residents.</p> <p>On the days of audit, residents in both areas were observed being actively involved with a variety of activities with support and involvement of the activity and care staff. The programme is developed monthly and displayed throughout the facility. The activity coordinator has introduced a variety of new activities such as baking, bingo as observed in the dementia care community with good participation and reminiscing. There are weekly drives/outings for dementia care residents and twice weekly for rest home residents to places of interest such as the waterfront, Marine Parade and surrounding districts. There are visits to the RSA lunches and entertainment.</p> <p>An activity profile and “Map of Life” is completed on admission in consultation with the resident/family (as appropriate). Socialising and activity plans were incorporated into the long-term care plan and reviewed six monthly at the same time as the care plans. Resident meetings are held monthly, and residents reported that they are satisfied with the variety of activities offered. The residents and</p>

		families interviewed spoke positively about the activities programme.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long-term care plans had been reviewed at least six monthly in all long-term resident files reviewed or earlier for any health changes. Written evaluations are completed on the care plans and indicated if the resident goals have been met or unmet. Care staff provide input into the care plan review by completing a resident data needs form.</p> <p>The multidisciplinary team (MDT) includes the clinical manager, RN, resident/relative and any other health professionals involved in the care of the resident. Resident review records are maintained in the resident file. The GP reviews the residents three monthly.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed, and the resident was reassessed for a different level of care. Discussion with the clinical manager identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services. Relatives are informed of referral options.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There is a chemical/substance safety policy and waste management policy. Management of waste and hazardous substances is covered during orientation of new staff. Chemicals are stored safely in a locked external room. Safety datasheets and product wall charts are available. All chemicals were labelled correctly. There is a measured chemical dispensing system in place. Gloves, aprons, and goggles are available for staff at the point of use and in the rest home sluice room. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. Staff have attended chemical safety training. The maintenance person is a qualified chemical sprayer.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	FA	<p>The building holds a current building warrant of fitness which expired 17 October 2020. There is a part-time maintenance person (qualified builder) who works 30 hours a week maintaining building maintenance and the gardens. Requests for repairs and maintenance is entered into a maintenance log which is checked and signed off when requests are completed. Contracted plumbers and electricians are available when required. A 52-week maintenance planner is being maintained and</p>

<p>environment and facilities that are fit for their purpose.</p>		<p>includes electrical testing and tagging, service check and calibrations of clinical equipment, chair scales and hoist. Hot water temperatures are monitored weekly to cover all resident areas. Records evidence temperatures were below 45 degrees Celsius.</p> <p>The rest home communal lounges and dining room are spacious and promote safety mobility. The corridors are wide and promote safe mobility with the use of mobility aids. The external areas, gardens and courtyard with aviary and water features were well maintained. Outdoor areas have seating and shade. The service is currently upgrading a back garden with ramp access and raised beds for rest home residents.</p> <p>There is safe access to communal areas in the dementia care community. There is free access to external walking pathways, gardens and outdoor covered conservatory with seating and activity benches such as a gardening bench.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and dementia level of care residents. The service has a bed replacement programme in place to replace the wooden beds with electric beds. Resident rooms are refurbished as they become vacant. One resident room in the rest home was assessed as suitable for a double room. There are calls bells at the head of each bed. There is sufficient space for the residents to mobilise safely around the room with mobility aids. A privacy curtain is not required for the rest home couple currently occupying the room. The double room is to be occupied by married couples only as on the day of audit. The communal toilet and shower are located close by.</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 three rest home rooms with a toilet and handbasin ensuite. There is a mix of handbasins in rooms. There are sufficient numbers of communal toilets and showers near resident rooms and near the communal areas of the rest home and dementia care community. Toilet and shower facilities have privacy signs. There is appropriate signage, easy clean flooring and fixtures, and handrails appropriately placed. Residents interviewed reported their privacy is maintained at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed</p>	<p>FA</p>	<p>Resident bedrooms are spacious enough (including the one assessed rest home double room) to manoeuvre transferring and mobility equipment. Residents are encouraged to personalise their bedrooms as desired. Some resident rooms in the rest home open out onto the courtyard.</p>

areas appropriate to the consumer group and setting.		
<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>Communal areas within the facility include open plan lounges and dining areas in each community. There is a second smaller lounge in the rest home and a family/whānau/quiet lounge has been developed in the dementia community. Seating and space are arranged to allow both individual and group activities to occur in each area. The communal areas, gardens and grounds are freely accessible for residents. There is a hairdressing salon.</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>All laundry and personal clothing are laundered on site. The laundry main entrance is located within the dementia community entry by keypad. There is external access to the laundry for rest home staff. All laundry from the rest home is delivered in covered laundry bins. There is a clean/dirty workflow with an entry and exit door. Caregivers in the dementia community complete laundry duties in the evenings. There were adequate linen supplies sighted in the facility linen-store cupboards.</p> <p>There is a designated cleaner Monday to Friday for 5.5 hours. The cleaner's trolley is stored safely in a locked area when not in use. There is a cleaning schedule that includes cleaning of rooms. Internal audits monitor the effectiveness of laundry and cleaning processes. The chemical provider audits the effectiveness of chemicals for laundry and cleaning services.</p> <p>Residents and relatives interviewed were happy with the laundry and cleaning services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills are scheduled every six months. The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate food supplies available in the event of a civil defence emergency but the amount of potable water available does not comply with the Hawkes Bay DHB requirements.</p> <p>Residents were observed in their rooms with their call bell alarms in close proximity.</p> <p>There is a minimum of one staff available 24/7 with a current first aid/CPR certificate on the AM and</p>

		PM shifts but not consistently on the night shifts.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All communal areas and bedrooms were of comfortable temperature, well ventilated and light. Communal dining rooms have doors that open out onto gardens. Residents and family interviewed, stated the temperature of the facility is 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>	FA	<p>Bupa has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. The acting infection control coordinator is the clinical manager who has been in the role six months at Bupa and previously an infection control coordinator at another facility.</p> <p>The infection control coordinator attends teleconferences with the Bupa infection control specialist and other Bupa infection control coordinators. The infection control and prevention programme is reviewed annually in consultation with the facility infection control team and Bupa personnel at head office.</p> <p>Visitors are asked not to visit if unwell. There are sufficient hand sanitisers appropriately placed throughout the facility and adequate supplies of personal protective equipment and outbreak management supplies. Influenza vaccines are offered to residents and staff. There have been no outbreaks.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Bupa Gladys Mary. The infection control coordinator completed infection control orientation on appointment. Email updates are received from the infection control specialists at the DHB. The infection control coordinator has access to expertise with the organisation, GPs and public health as required.</p>
<p>Standard 3.3: Policies and</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines</p>

<p>procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policies and procedures are reviewed at head office in consultation with Bupa infection control coordinators. Staff are informed of any new/reviewed policies and procedures.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The facility is committed to the ongoing education of staff and residents. Education is set down from head office including a power point presentation and self-directed learning. The infection control coordinator facilitates education, last completed December 2019 for all staff. Infection control is included in staff orientation.</p> <p>All infection control training has been documented and a record of attendance has been maintained. Infection control competencies are completed.</p> <p>Resident education occurs as part of daily cares.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. There are standard definitions of infections in place appropriate to the complexity of service provided. Monthly infection data including microorganisms and treatment have been documented on a data collection form and are now being entered into the RiskMan electronic register which is reported at head office for benchmarking purposes. There is no documented evidence of communicating analysis and trending of infection data to staff at meetings (link PA 1.2.3.6).</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use</p>	<p>FA</p>	<p>There are policies around restraints and enablers. The acting clinical manager is the restraint coordinator. Staff receive regular (annual) restraint minimisation training. This includes a competency questionnaire. Environmental restraint is incorporated into the dementia unit. Otherwise, there were</p>

of restraint is actively minimised.		no residents using restraints or enablers at the time of the audit.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>Quality and risk data are collected via RiskMan but is not being analysed or evaluated to identify trends. Quality results including complaints are not consistently communicated to staff.</p>	<p>(i). Quality and risk data are not being analysed and evaluated.</p> <p>(ii). Meeting minutes and interviews with staff do not indicate quality and risk results and complaints are communicated to staff.</p>	<p>(i). Ensure quality and risk data is analysed and evaluated each month to identify areas for improvements.</p> <p>(ii). Ensure quality and risk data including complaints are communicated to staff.</p> <p>90 days</p>

<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>Emergency training for staff begins during their orientation to the service and continues annually with six-monthly fire evacuation drills. There are adequate food stores, but additional water storage is required.</p> <p>Emergency training for staff includes first aid and CPR training. When reviewing the staff roster, it was identified that a selection of night duties does not have a first aid trained staff member available.</p>	<p>(i). Currently the facility has the equivalent of three litres of emergency water stored on site per person per day for three days. The Hawkes Bay DHB recommends that the amount of water available be extended from three litres of water per day (per resident) for three days to 10 days (1170 litres). Since the draft report the service has confirmed a 1000 litre tank has been purchase and is soon to be installed.</p> <p>(ii). A first aid trained staff is not always rostered on the night shift. Since the draft report the service has advised there is now a staff member across all shifts with a current first aid certificate.</p>	<p>(i). Ensure that there is a minimum of three litres of water per resident per day for ten days in the event of a civil emergency.</p> <p>(ii). Ensure there is a first aid trained staff available 24/7.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.