

Bupa Care Services NZ Limited - Cedar Manor Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Cedar Manor Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 16 January 2020 End date: 17 January 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:	82

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

Cedar Manor is part of the Bupa group. The service is certified to provide rest home, hospital (medical and geriatric), and dementia level care for up to 92 residents. On the day of the audit, there were 82 residents.

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

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

There are no areas for improvement identified at this audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents are provided with information they need on entry to the service and this is regularly updated. Interviews with residents and family confirmed they are provided with adequate information and that communication is open.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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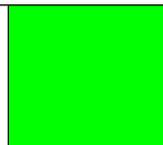
There is an implemented quality and risk management programme. Adverse, unplanned, and untoward events are documented by staff and reviewed by the care home manager. All aspects of the quality programme are discussed at relevant meetings. The health and safety programme is implemented.

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

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. Ongoing education and training for staff is in place with adequate numbers of trained staff providing support for residents in the dementia unit. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

Registered nurses are responsible for completing initial assessments, interRAI assessments, development of care plans and the evaluation of resident's care needs in consultation with the resident/relatives. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files include notes by the general practitioner and other allied health professionals.

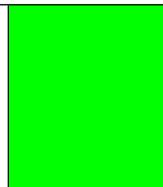
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies annually. The electronic medication records reviewed include documentation of allergies and sensitivities and are reviewed at least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

An activities programme is implemented separately for the rest home, hospital area and for the dementia care unit. Residents and families reported satisfaction with the activities programme. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the groups of residents.

All food and baking are done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. Meals are well presented and a dietitian has reviewed the Bupa menu plans. Nutritious snacks are available 24/7 in the dementia care 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.



Standards applicable to this service fully attained.

The building holds a current warrant of fitness. There is a reactive maintenance system in place. External areas are safe and well maintained. There are safe external walking pathways and gardens for the dementia care residents that are freely accessible.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Staff regularly receive training around restraint minimisation and the management of challenging behaviour. Restraint is not used in the service. Currently there is one enabler (bedrail) used in the service.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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A surveillance programme is documented and undertaken, and this is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. There has been one outbreak since the previous audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	41	0	0	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with residents (including four from the rest home and two from the hospital) and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility.</p> <p>There were nine complaints received in 2019. Three reviewed during the audit showed evidence of appropriate follow-up actions taken and resolution of the issue in a timely manner. Documentation reviewed reflected the service is proactive in addressing complaints. Feedback is provided to staff and training for staff was completed where required. There has been one complaint forwarded by an external authority since the last audit and this has been closed out with no actions required.</p> <p>All staff interviewed including four caregivers (three from Ocean View and Kauri wings and one from the dementia unit known as Tui Haven); four registered nurses (including two unit managers from Tui Haven and rest home/hospital wings); two activity staff, one activity coordinator; one maintenance staff, one kitchen manager/chef; two managers including the care home manager and clinical manager were able to describe the complaints process and stated that they valued complaints as a way of improving service delivery.</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>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twenty-four accident/incident forms reviewed across the three service areas (from November 2019 to date), identified family are kept informed. Relatives interviewed (three with a family member in the dementia unit, one in the hospital and one in the rest home) stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</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>Cedar Manor Rest Home and Hospital is a Bupa residential care facility. The service currently provides care for up to 92 residents at hospital (geriatric and medical), dementia and rest home level care. On the day of the audit there were 82 residents including; (i) 11 hospital residents and 25 rest home residents in the 37-bed Ocean View wing; (ii) 6 rest home residents and 22 hospital residents in the 37-bed Kauri wing; and (iii) 18 residents in the 18-bed secure dementia unit – Tui Haven. There were no residents under the medical component of their certification. All residents were on an ARCC contract. There were no residents using respite care or under the age of 65 years. There are 25 dual-purpose beds across the rest home and hospital units.</p> <p>A vision, mission statement and objectives are in place. Annual quality goals for the facility have been determined and in 2019 around being a dementia friendly care home; person first – dementia second training for staff; and advanced care plan information to be given to residents and discussed at multi-disciplinary meetings. The goals were reviewed in May, August and November. Planning is underway to document goals for 2020 that will link to the overarching Bupa strategic plan.</p> <p>Cedar Manor is part of the Midlands Bupa region and the managers from this region teleconference weekly and meet with the operations manager monthly. The care home manager provides a weekly and monthly report to the Bupa care homes weekly group and to the operations manager respectively.</p> <p>A quarterly report is prepared by the care home manager and provided to the Bupa clinical service improvement team on the progress and actions that have been taken to achieve the Cedar Manor quality goals.</p> <p>Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four</p>

		<p>benchmarking groups are established and data for Cedar Manor is compared with relevant other homes.</p> <p>The care home manager has a background in administration and has been in the role since May 2018. An experienced clinical manager has been in the role for the last two years and has had five years' experience nursing in aged care. The management team is supported by two unit-coordinators who are both registered nurses (one in the rest home/hospital area and one in the dementia unit).</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service. The care manager completed a Leadership in Action certificate in 2019.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is well established. Interviews with the managers and staff (four caregivers; four registered nurses including two-unit coordinators; three activity staff; one maintenance; one kitchen manager/chef) reflected their understanding of the quality and risk management systems.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes resident falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data and benchmarked results are discussed in staff meetings. Corrective actions are implemented when service shortfalls are identified and signed off when completed.</p> <p>Riskman is an electronic data collecting system. All incidents, complaints, infections, pressure injuries, falls and category one incidents are completed on the online system. Reports are automated and further analysis is completed of those reports. Cedar Manor reports, analysis and subsequent corrective actions were sighted with follow-up of any corrective actions documented as resolved in a timely manner.</p> <p>Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrated a culture of quality improvements. Residents and family members were also able to talk about improvements made to the service and all were complimentary around the managers responsiveness to suggestions made for improvement. Quality and risk data is shared with staff via meetings and results are displayed in the staff room.</p> <p>An annual satisfaction survey completed by residents and family in 2019 showed an 85% overall satisfaction rating. This was an improvement over all of 9% (in 2018 the overall satisfaction was at 76%). Corrective actions were established in areas identified as below the national average.</p> <p>The health and safety programme includes specific and measurable health and safety goals that are regularly</p>

		<p>reviewed. There are two appointed health and safety representatives at Bupa Cedar Manor, and both were able to describe their role as per legislation. One has completed level one health and safety training and the other level two. The health and safety team meets monthly with issues and goals discussed. Staff undergo annual health and safety training which begins during their orientation. Two staff recently employed were able to describe their training as per the Health and Safety at Work Act. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. The hazard register is reviewed regularly. Bupa belongs to the ACC partnership programme and has attained their tertiary level (expiry 31 March 2020).</p> <p>Strategies are implemented to reduce the number of falls. This includes ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and checking of residents at regular intervals. Residents at risk of falling have a falls risk assessment completed with strategies implemented to reduce the number of falls. Caregiver interviews confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers as observed on the day of audit.</p> <p>The service continues to focus on areas for improvement. Significant work has been completed in the outside environment of the dementia unit to include activities for residents.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. The organisation has implemented the RiskMan electronic monitoring system. All incidents are coded in severity on RiskMan (severity 1-4) with 4 being the most severe. All resident incidents logged with a severity of 3 or 4 are automatically escalated to the Bupa CSI (clinical services improvement) team immediately and the operations manager. Actions are then followed-up and managed.</p> <p>Twenty-four accident/incident forms were reviewed across the three service areas (from November 2019). Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked and analysed for trends.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. One gastric outbreak was notified to public health and DHB April 2019. There were also two other section 31 notifications made to external authorities appropriately.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files (four registered nurses, chef, activity coordinator, four caregivers) reviewed, evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates is maintained.</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. New staff are buddied for a period of time (eg, caregivers for two weeks, and registered nurses for four weeks), and during this period they do not carry a clinical load. The caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. Currently 100% of the caregivers have level two. From this, they are then able to continue with Core Competencies Levels 3 and 4, unit standards. These align with Bupa policy and procedures.</p> <p>There are 12 caregivers that can work in the dementia unit. Four have completed level four of Careerforce and eight have completed a three-day training course on dementia facilitated by the dementia care advisor at Bupa. Four registered nurses and two activity staff have also completed dementia training. The unit manager (registered nurse) for Tui Haven has completed dementia training and training in the aging process.</p> <p>There is an annual education and training schedule being implemented with this aligned to policies. All staff are required to complete the compulsory training, 75% of staff are required to complete core training and non-compulsory staff are attended on an as needs basis. Targets are met as documented on an education record. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board and through Bupa clinical training forums.</p> <p>Bupa has a Nursing Council of New Zealand approved PDRP. Bupa takes over the responsibility for auditing their qualified nurses. The portfolio of the clinical manager was sighted and confirmed completion. One other registered nurse has completed PDRP; three RNs are currently working on their portfolio on the Bupa Nursing Council approved PDRP. Of the 15 registered nurses (RNs) at Cedar Manor, eight RNs have completed interRAI training and one other is due to complete the training in March 2020. Two other registered nurses are enrolled in the interRAI training.</p> <p>A competency programme is in place with different requirements according to work type (eg, support work, registered nurse, and cleaner). Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files).</p> <p>Registered nurse competencies include assessment tools, BSLs/insulin administration, CD administration, moving and handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management including management of pressure injuries, CPR and T34 syringe driver.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The clinical manager is on call after hours with other registered nurses to answer queries and resolve issues. The care home manager and clinical manager are available during weekdays. Registered nurse cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support the registered nurses.</p>

<p>timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>Tui Haven (dementia unit):</p> <p>AM shift – unit coordinator (RN) Monday-Friday and senior caregiver Saturday/Sunday; two caregivers (one long shift, one short shift); one activities coordinator Monday-Friday 0945 – 1515.</p> <p>PM shift – one registered nurse, two caregivers (one long shift, one short shift)</p> <p>Night shift - one caregiver who is supported and relieved for breaks by the registered nurse in Ocean View wing.</p> <p>Kauri wing:</p> <p>AM shift – unit coordinator or clinical lead (RN) Monday-Sunday; five caregivers (three long shifts, two short shifts)</p> <p>PM shift – one registered nurse, four caregivers (three long shifts, one short shift)</p> <p>Night shift – registered nurse and two caregivers</p> <p>Activity person – Monday-Friday 0930 - 1530</p> <p>Ocean View:</p> <p>AM shift – registered nurse Monday-Sunday; three caregivers (two long shifts, one short shift)</p> <p>PM shift – one registered nurse; four caregivers (two long shift, two short shift)</p> <p>Night shift - one registered nurse; shared with dementia unit (Tui Haven), one caregiver</p> <p>Activity person – Monday-Friday 0830 - 1630.</p> <p>There is a physiotherapy assistant – Monday-Friday 0900 – 1300 and a physiotherapist who is contracted for six hours once a week and as required.</p> <p>There are a mix of residents requiring different levels of care (hospital and rest home) in both Ocean View and Kauri. Registered nurses and the clinical manager confirmed that the number of hours provided to hospital residents is monitored to ensure that they receive appropriate levels of care and residents on the day of audit were observed to have appropriate care and support. Staffing (as per the rosters reviewed for the past three months) and staffing skill mix reflect acuity within the facility.</p> <p>The care home and clinical managers confirmed that residents who require hospital level of care and who are lower acuity are provided with a room in Ocean View. Hospital residents in Kauri wing are more independent.</p> <p>All staff interviewed confirmed that staffing was sufficient. Residents and relatives interviewed confirmed bells were answered in a timely manner and staffing was sufficient.</p>
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<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for all aspects of medication management. Medications were stored safely in the three units (communities). Registered nurses or senior caregivers who administer medications have completed their annual competency assessment. Medication education is provided annually. The RNs check the robotic rolls on delivery against the electronic medication charts and sign a medication reconciliation checklist. 'As required' medications are dispensed in individual robotic rolls or packets. There were seven self-medicating rest home residents on the day of audit. All residents had self-medicating competencies in place that were reviewed three monthly. The medication fridge temperatures had been checked daily and medication air room temperatures had commenced with recordings of below 25 degrees Celsius. A medication impress stock was held in the hospital unit and is maintained for hospital level residents. Eyedrops in trolleys were dated on opening. There were weekly checks of oxygen and suction equipment in the hospital unit.</p> <p>The facility uses an electronic medication management system. Twelve medication charts were reviewed (four rest home, four hospital and four dementia). All charts reviewed had photo identification an allergy status identified. All medication charts evidenced three monthly reviews by the GP.</p> <p>All 'as required' medication had indications prescribed for use. Effectiveness of 'as required' medication administered was documented in the electronic medication system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked in a well-equipped kitchen adjacent to the hospital dining room. The kitchen manager/chef is supported by a cook and morning and afternoon kitchenhands. All food services staff have completed food safety and hygiene training. The four weekly seasonal Bupa menu has been reviewed by a dietitian. The menu reflects resident preferences as discussed at the resident meetings. The kitchen manager receives resident nutritional requirement profiles and is notified of any dietary requirement. Residents dislikes are known and accommodated. Gluten free, vegetarian, diary free, pureed and soft diets are provided.</p> <p>Meals are delivered to the dementia unit in a bain marie and served by caregivers. Meals are delivered in a bain marie to the rest home dining room and served by kitchenhands. Lip plates are provided to encourage resident independence with eating. Staff were observed to be sitting with residents and assisting them with meals and fluids. There were nutritious snacks available 24 hours in the dementia care satellite kitchenette including sandwiches, smoothies, fruit and yoghurts.</p> <p>The food control plan has been verified and expires 8 November 2020. The temperatures of refrigerators, freezers, chiller, incoming chilled goods and end-cooked food temperatures are taken and recorded. Serving temperatures are taken. All food is stored appropriately, and date labelled. Cleaning schedules are maintained. Chemicals are stored safely.</p> <p>Residents and relatives have the opportunity to feedback on the service through meetings and surveys. Residents and the family members interviewed commented positively on the meals provided.</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>When a resident condition changes the RN initiates a GP visit or nurse specialist referral. The family is notified of any changes in the resident health status including incidents/accident, infections, wounds, GP visits and medication changes. A record of relative notifications is maintained on the family/whānau contact form in the resident file. Relatives interviewed confirmed they are kept informed and the needs of their relatives are being met. Short-term care plans are used to guide staff in the delivery of care to meet for short-term/acute needs.</p> <p>Sufficient continence products are available and resident files reviewed included a continence assessment and plan as part of the plan of care. Specialist continence advice is available through the DHB as needed and this could be described.</p> <p>Staff have access to sufficient medical supplies and wound dressings. Wound assessments, wound management and evaluation forms were in place for 10 residents (rest home), six residents (hospital) and two residents in dementia care. Wounds included skin tears, lesions, chronic wounds and leg ulcers. Photos and/or documented sizes of wounds demonstrated healing. There was one stage three community acquired pressure injury and one stage one (facility acquired) pressure injury on the day of audit. There were pressure injury interventions in place for residents at risk of pressure injuries and pressure prevention equipment was seen to be in use. There is evidence of the wound care nurse involved in wound care management. The service has an RN as the wound care champion and RNs have attended the wound care seminar at the DHB and education provided by their product supplier.</p> <p>Monitoring forms are utilised to monitor residents' state of wellbeing and the effectiveness of interventions. Monitoring forms reviewed included two hourly turning charts, nutritional records, fluid balance charts, bowel records, weekly/monthly weight, blood sugar levels, vital signs and behaviour charts and pain monitoring. Neurological observations for unwitnessed falls or where there was an obvious knock to the head had been completed.</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</p>	<p>FA</p>	<p>The service employs a diversional therapist (DT) and assessor who coordinates the activity programme for each of the communities in consultation with two other activity assistants. There is a six-day week programme in the rest home, seven-day week programme in the hospital and Monday to Friday in the dementia community with caregivers incorporating activities into their roles after hours and in the weekends. The activity staff rotate to provide activities in the weekend. There are resident led activities in the rest home during the weekends.</p> <p>Each unit has their own programme with activities that meet the physical, intellectual, emotional abilities of the resident group. Activities offered within the communities include a variety of exercises, quizzes, word games, card groups, arts and crafts, reminiscing, movies and sing-a-longs, walks and gardening. One on one time is spent with residents who are unable to participate in the programme (poetry, walks, reading, chats), or choose to stay in their rooms. Each unit has weekly van outings. The van has a wheelchair hoist. All the activity team have current first aid certificates. There are many combined activities held where all residents (as appropriate and under supervision)</p>

service.		<p>are invited to attend.</p> <p>Themes and festive celebrations are set down by Bupa such as beach time and picnics for the month of January. Each community is holding BBQs in their gardens, inviting families. There is a men's group and ladies group who enjoy outings of their interest. Community links are maintained such as visits to the community men's shed, RSA lunches and Salvation Army concerts. Community visitors to the service include mobile library, Salvation Army, dog therapy, pre-school visits and church services. Volunteer nursing students offer time with residents and activities.</p> <p>Each resident has a map of life (profile) and an activity assessment completed on admission. Individual activity plans are incorporated in the long-term care plan which is evaluated six monthly at the MDT review.</p> <p>The service receives feedback and suggestions for the programme through resident meetings and direct feedback from residents and families. Residents interviewed spoke positively about the activities programme.</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 registered nurses evaluate initial care plans within three weeks of admission and long-term care plans six monthly. The family/EPOA are invited to attend a multidisciplinary team meeting (MDT). Members of the MDT include the GP, RN, care staff, DT/activity person, resident (as appropriate) and family member. Care staff complete a resident data needs collection form prior to the MDT meeting. Allied health professionals involved in the resident's care such as the physiotherapist, psychogeriatric community nurse or dietitian provide input into the MDT evaluation of care. Records of the MDT meeting are maintained, and the cares evaluated against the resident goals. Any changes following the MDT meeting are updated on the care plan. The family/EPOA are informed of any changes if they have been unable to attend.</p> <p>Short-term care plans are evaluated weekly and either resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files reviewed.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The rest home (Ocean View, hospital (Kauri) and dementia (Tui Haven) communities are all located on the ground floor. The building has a current warrant of fitness. There is a full-time maintenance person. A maintenance logbook for repairs is checked daily and repairs signed off as completed. Contractors for essential services are available 24/7. A 52-week planned maintenance schedule is maintained. Medical equipment including hoists and weigh scales have been calibrated. Electrical equipment has been tested and tagged. Hot water temperatures in resident areas are monitored monthly and maintained below 45 degrees Celsius. Indoor temperatures are monitored. There is air conditioning in the hospital and rest home dining rooms.</p> <p>The dementia residents have safe access to external grounds and gardens. A previously grassed area has been developed over the last six months into a second secure outdoor environment with a walking pathway, raised gardens, aviary, water feature and deck area with a variety of activities such as sinks, clothesline, art and gardening</p>

		<p>bench. Tui Haven has been refurbished including flooring and kiwiana pictorials.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</p>
<p>Standard 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>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (clinical manager) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and laboratory that advise and provide feedback/information to the service.</p> <p>Systems in place are appropriate to the size and complexity of the facility. There is an outbreak management kit.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. All infections are recorded electronically and included for benchmarking with other Bupa facilities. Corrective actions are established where infections are above the benchmark.</p> <p>One outbreak of norovirus had been reported in 2019. The outbreak was well managed. The service kept communicating with residents and family throughout the outbreak and notified the district health board (who notified the Medical Officer of Health). It was documented with a debrief meeting held.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Interviews with the staff confirmed their understanding of restraints and enablers. At the time of the audit, the service was restraint free with only one resident using an enabler (bed rail). Staff training around restraint minimisation was last completed in 2019.</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.

No data to display

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.