

# Bupa Care Services NZ Limited - St Andrews Care Home

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## 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	St Andrews Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 7 September 2020      End date: 8 September 2020
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	39

# Executive summary of the audit

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## 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

Bupa St Andrews rest home and hospital is part of the Bupa aged care residential group. The service provides rest home and hospital level of care for up to 40 residents. On the day of the audit there were 39 residents.

The care home manager has been in the role since the facility opened in October 2016 and has over 10 years of previous experience as a care home manager with Bupa in New Zealand and in the United Kingdom. She holds a current practising certificate in nursing. She is supported by a clinical manager/registered nurse who has been in the role for over two years.

The residents and relatives spoke positively about the staff and the care provided at Bupa St Andrews.

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

This audit identified no areas identified for improvement.

The service has been awarded a continuous improvement rating around falls reduction.

## 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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Policies and procedures that adhere with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. The welcome/information pack includes information about the Code. Residents and families are informed regarding the Code and staff receive ongoing training about the Code.

The personal privacy and values of residents are respected. There is an established Māori health plan in place. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirmed that residents and where appropriate, their families are involved in care decisions. Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. Families and friends are able to visit residents at times that meet their needs.

There is an established system for the management of complaints, which meets timeframes determined by HDC.

## 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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Services are planned, coordinated, and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of regular reviews.

Bupa St Andrews is implementing the Bupa organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to staff meetings. Quality and risk performance are reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes reflected a culture of continuous quality improvements. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff that is specific to the role and responsibilities of the position. Ongoing education and training for staff is being implemented.

The staffing levels meet contractual requirements. 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.
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Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files included medical notes by the contracted general practitioner and nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts are reviewed at least three monthly by the general practitioner or nurse practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group.

All food and baking is done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There is an approved evacuation scheme and emergency supplies for at least three days. At least one first aid trained staff member is on duty at all times.

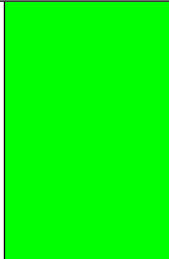
Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. 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 emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times.

## 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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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were no residents using either restraints or enablers. Restraint management processes are available if restraint is used.

## 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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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities. There have been no outbreaks.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	45	0	0	0	0	0
<b>Criteria</b>	1	92	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location in English and in te reo Māori. Policy relating to the Code is being implemented. Staff receive training about the Code during their induction to the service. This training continues through in-service education. Interviews with twelve staff (four caregivers, two registered nurses (RNs), one maintenance, one laundry, one cook, one housekeeping, one activities coordinator, one hospitality staff) reflected their understanding of the key principles of the Code. They can apply this knowledge to their job role and responsibilities within the organisation.</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</p>	FA	<p>There is an informed consent policy. In all seven files reviewed, (three hospital and four rest home residents), residents had general consent forms signed on file. Care staff were knowledgeable around informed consent. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>There was evidence in files reviewed of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all</p>

consent.		the files seen. Copies of EPOAs were on resident files where available.
<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	Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.
<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	The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident and relative meetings three-monthly. Monthly newsletters are provided to residents and relatives.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaint register that is held both in hard copy and electronically. Only one complaint has been lodged in 2020 (year to date). This complaint was reviewed. There was documented evidence of the complaint being acknowledged, investigated and resolved. Timelines determined by HDC were met, and corrective actions were actioned. Details around this complaint and the developed corrective action plan were discussed in staff meetings, evidenced in the quality and general staff meeting minutes.</p> <p>Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	FA	Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, clinical manager and registered nurses (RN) discuss aspects of the Code with residents and their family on admission.

<p>Consumers are informed of their rights.</p>		<p>Further discussions relating to the Code are held during the three-monthly resident/family meetings. Seven residents (five rest home level and two hospital level) and six relatives (four rest home and two hospital) interviewed confirmed that the residents' rights are 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>	<p>FA</p>	<p>Residents are treated with dignity and respect. Privacy is ensured and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and church services are held. There is a policy on abuse and neglect and staff receive training.</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>	<p>FA</p>	<p>The service is committed to ensuring that the individual interests, customs, beliefs, and cultural and ethnic backgrounds of Māori are valued and fostered within the service. Staff encourage active participation and input of the family/whānau in the day-to-day care of the resident. At the time of the audit there were no residents who identified as Māori living at the facility.</p> <p>Māori consultation is available through documented iwi links and Māori staff who are employed by the service. The facility is linked to the Puketere Primary school – kapa haka group who comes to sing for the residents especially around the Christmas season. There are three regular Māori entertainers who come and sing for the residents during their happy hour on Fridays.</p> <p>Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic, last occurring on 21 April 2020. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</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</p>	<p>FA</p>	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. Residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which includes the identification of individual values and beliefs. All care plans reviewed include the resident's social, spiritual, cultural and recreational needs. One resident who identified as Sri Lankan had cultural needs documented in their care plan, which addressed specific requests.</p>

ethnic, cultural, spiritual values, and beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers 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>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. A general practitioner (GP) visits the facility one day a week and a nurse practitioner (NP) visits once per week. The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable.</p> <p>The service receives support from the local district health board (DHB). Physiotherapy services are provided on site, four hours per week. There is a regular in-service education and training programme for staff. A podiatrist is on site every six weeks. The service has links with the local community and encourages residents to remain independent. External visits from health professionals include a dietitian, palliative care/hospice and pharmacists who, in addition to supplying medication, complete six-monthly controlled drug audits and give advice to staff regarding medication.</p> <p>St Andrews is benchmarked against Bupa rest home and hospital data. If the results are above the benchmark, a corrective action plan is developed by the service. All Bupa facilities have a master copy of all policies and procedures and a master copy of clinical forms filed alphabetically in folders. These documents have been developed in line with current accepted best and/or evidence-based practice. A number of core clinical practices also have education packages for staff.</p> <p>The most recent resident and family satisfaction survey results reflected an overall net promoter score of +67% (67% promoters, 3% passive and 0% detractors). Corrective actions are completed in areas identified for improvements. This information is posted in a visible location for all to read.</p> <p>A quarterly newsletter updates the residents and families about past and future events and developments both within St Andrews and the Bupa organisation as a whole.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fifteen incidents/accidents forms selected for review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status and/or if an adverse event had occurred.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</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>St Andrews Care Home is part of the Bupa group of aged care facilities. The service is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 40 residents. On the day of the audit there were 39 residents (30 rest home level and 9 hospital level). All rest home and hospital beds are certified for dual purpose. All residents were on the aged residential care contract (ARCC).</p> <p>Bupa's overall vision and values are displayed in a visible location. All staff are made aware of the vision and values during their induction to the service. There is a strategic Bupa business plan and risk management plan. There are documented, site-specific quality goals that address reducing residents' falls by 5% and improving the laundry service by minimising missing/lost resident clothing. Specific action plans are being implemented for each goal. These are reviewed in the monthly quality and staff meetings.</p> <p>The care home manager has been in the role since the facility opened in October 2016 and has over 10 years of previous experience as a care home manager with Bupa in New Zealand and in the United Kingdom. She holds a current practising certificate in nursing. She is supported by a clinical manager/registered nurse who has been in the role for over two years. The clinical manager holds a New Zealand Bachelor's Degree in Nursing and has worked in the aged care industry for over five years.</p> <p>Staff spoke positively about the support/direction and leadership of the management team.</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.</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</p>	<p>FA</p>	<p>The clinical manager is responsible for overall operations of the facility when the care home manager is absent. The operations manager, who visits regularly, supports the clinical manager and care home manager.</p>

safe services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Quality and risk management programmes are in place. Interviews with the managers and staff confirmed their understanding of the implemented quality and risk management systems.</p> <p>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 - including those standards relating to the Health and Disability Services (Safety) Act 2001. A process is being implemented to ensure that documents, including, but not limited to policies and procedures, are kept up to date. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Quality indicator data collected (eg, falls, medication errors, antipsychotic drug usage, wounds, skin tears, pressure injuries, complaints) are collected, collated and analysed with results communicated to staff. Corrective action plans are established and implemented for indicators above the benchmark. An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative.</p> <p>Areas of non-compliance include the initiation of a corrective action plan with sign-off by either the care home manager or clinical manager when implemented. Quality and risk data, and corrective action plans are shared with staff via meetings and also by posting results.</p> <p>The health and safety programme includes a specific and measurable health and safety goal that is developed by head office and is regularly reviewed. Staff undergo annual health and safety training which begins during their orientation. All staff are provided with written information about their responsibility under the Health Safety at Work Act 2015 (HSWA). Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. Bupa belongs to the ACC Partnership Programme (expiry 31 March 2021) and have attained the tertiary level.</p> <p>The falls prevention programme has resulted in a rating of continuous improvement.</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</p>	FA	<p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all fifteen accident/incident forms reviewed (one pressure injury, one absconding, thirteen falls). Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to minimise the number of incidents (link CI 1.2.3.6). Clinical follow-up of residents is conducted by a registered nurse. Unwitnessed falls include neurological observations, evidenced in five accident/incident forms.</p> <p>Discussions with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, a section 31 report was completed</p>

open manner.		for a pressure injury.
<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>There are human resource management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Seven staff files reviewed (three caregivers, one clinical manager/RN, one staff RN, one kitchen assistant and one activities assistant) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is specific to the job role and responsibilities. The education programme being implemented is extensive and includes in-service training, competency assessments, and impromptu (toolbox) talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements. Three of fourteen caregivers hold a New Zealand Qualification Authority (NZQA) level four qualification, five hold a NZQA level three qualification and three hold a NZQA level two qualification. The remaining three caregiver staff are enrolled in Career force training.</p> <p>In addition to in-service education, RN staff attend external DHB education (eg, palliative care clinical sessions) and five are involved in the weekly clinical meetings. Five of eight RNs have completed their interRAI training. The registered nurses and six caregivers have current first aid training. A first aid trained staff is always present on activity outings.</p> <p>Inhouse chemical safety training for applicable staff (including but not limited to housekeeping, laundry, kitchen staff) was completed on 26 February 2020.</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>A staff rationale and skill mix policy is in place. The care home manager and clinical manager are available at the facility Monday - Friday. The care home manager is on-call after hours for any organisational concerns and the clinical manager is on-call for clinical issues.</p> <p>There are two wings. Solano wing has five hospital and fourteen rest home level residents and Mistral wing has five hospital and fifteen rest home level residents. The facility is full with one resident in public hospital at the time of the audit.</p> <p>The roster covers the entire facility. One RN is rostered on each shift.</p> <p>Caregiver roster: five caregivers are rostered on the AM shift (two long shift and three short shift). During the PM shift three caregivers are rostered (two long and one short shift). The night shift is staffed with two</p>

		<p>caregivers, one on each wing. Extra staff can be called on for increased residents' requirements. The Bupa pool for temporary staff is available if needed.</p> <p>The activities coordinator is rostered five days a week. Over the weekends an activities assistant covers Saturdays and Sundays from 10 am to 12 noon. Separate cleaning and laundry staff are rostered seven days a week.</p> <p>Interviews with staff, residents and family members identified that staffing levels are adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Electronic records are also secure using cloud-based technology.</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 is an implemented Bupa admission policy. All residents have a needs assessment completed prior to entry that identifies the level of care required. The care home manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>An information pack including all relevant aspects of the service, advocacy and health and disability information is given to residents/families/whānau at entry. All relatives interviewed were familiar with the contents of the pack. The admission agreement provides information on services which are excluded, and examples of how services can be accessed that are not included in the agreement. Short-stay agreements are also available for short-stay residents; there were no short stay residents at the time of audit.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or</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 were completed. Transfer to the hospital and back to the facility post-discharge was well documented in progress notes.</p>



transfer from services.		
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and senior caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. Two residents were self-medicating on the day of audit and had self-medication assessments in place authorised by the GP as well as safe and secure storage in their room.</p> <p>Thirteen electronic medication charts were reviewed and one paper-based chart. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly. Each drug chart has a photo identification and allergy status identified.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>A cook oversees the on-site kitchen and all cooking is undertaken on site. There is a seasonal four-week winter and summer menu, which is reviewed by a dietitian at organisational level. A resident nutritional profile is developed for each resident on admission and this is provided to the kitchen staff by registered nurses. The kitchen is able to meet the needs of residents who require special diets and the chef works closely with the registered nurses on duty. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan expiring December 2020. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller and freezers. Resident meetings, surveys and the food comments book allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food.</p>
<p><b>Standard 1.3.2: Declining Referral/Entry To Services</b></p>	FA	<p>The reason for declining service entry to potential residents should this occur, is communicated to the potential resident or family/whānau and they are referred to the original referral agent for further information.</p>

<p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>The reasons for declining entry would be if the service had no beds available or could not provide the level of care.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. The assessment booklet includes; falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. InterRAI assessments had been completed for all files reviewed within timeframes and areas triggered were addressed in care plans reviewed.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Seven resident files were reviewed across a range of conditions including (but not limited to) falls (two files), dementia, cultural care, a resident with an infection, a resident with oxygen therapy and a resident with high personal care needs. Additional files were selected to confirm specific care intervention for; diabetes care, care of an indwelling catheter and a resident with swallowing difficulties. In all files reviewed the care plans were comprehensive, addressed the resident need and were integrated with other allied health services involved in resident care. Relatives and residents interviewed all stated they were involved in the planning of resident care. In all files reviewed there is evidence of resident and relative involvement in care planning. Activity assessments were completed by the activities staff within three weeks of admission. Care plans reviewed provided evidence of individualised support. Short-term care plans are in use for short-term needs and changes in health status.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The registered nurses complete care plans for residents. Progress notes in all files reviewed had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. Short-term care plans are documented for changes in health status. Care plans reviewed documented sufficient detail to guide care staff in the provision of care. A physiotherapist is employed to assess and assist residents' mobility and transfer needs.</p> <p>There was evidence of wound nurse specialist involvement in chronic wounds/pressure injuries. There were 13 ongoing wounds including skin tears, surgical wound and chronic ulcers. There was one stage one</p>

		<p>facility acquired pressure injury. All wounds had wound assessments, appropriate management plans and ongoing evaluations completed.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Monitoring charts sighted included (but are not limited to), vital signs, blood glucose, pain, food and fluid, turning charts, neurological observations, bowel monitoring and behaviour monitoring.</p> <p>Family members interviewed stated they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. There was documented evidence of relative contact for any changes to resident health status on the family/whānau contact form held in the residents' files.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs an activity coordinator and one activity assistant for two hours Saturday and Sunday morning. There are set Bupa activities including themes and events. A weekly activities calendar and newsletter is distributed to residents and is posted on noticeboards. The activities coordinator catches up with each resident weekly to discuss activities for the resident. The manager meets with each resident most days as part of a wellbeing check. Residents interviewed stated that they enjoyed the personal care.</p> <p>Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The activity team provide a range of activities such as; library, exercises, bingo, golf, quizzes, van trips, movies and happy hour.</p> <p>Community visitors include entertainers, church services and pet therapy visits.</p> <p>The activity coordinator is involved in the admission process, completing the initial activities assessment, and has input with the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. An activities plan is completed within timeframes, a monthly record of attendance is maintained, and evaluations are completed six-monthly.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery</p>	FA	<p>Care plans were reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status, in all files sampled. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities</p>

<p>plans are evaluated in a comprehensive and timely manner.</p>		<p>coordinator, resident and family members and any other relevant person involved in the care of the resident. The house GP or nurse practitioner reviews the resident at least three monthly. Short-term care plans are in use for acute and short-term issues. These are evaluated at regular evaluations.</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>	<p>FA</p>	<p>Bupa St Andrews facilitates access to other medical and non-medical services. Referral to other health and disability services is evident in the sample group of resident files. The RNs initiate referrals to nurse specialists, and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed, and the resident was reassessed from rest home to hospital.</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>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets were readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A spills kit is available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current building warrant of fitness, which expires on 3 March 2021. A request book for repairs is maintained and signed off as repairs are completed. There are full-time and part-time maintenance officers who carry out the 52-week planned maintenance programme. There is a maintenance officer on call after hours for urgent matters. The checking and calibration of medical equipment including hoists, has been completed annually. All electrical equipment has been tested and tagged. Hot water temperatures have been tested (randomly) and recorded fortnightly with corrective actions for temperatures outside of the acceptable range. Preferred contractors are available 24/7.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment.</p>

		<p>Residents were observed moving freely around the areas with mobility aids, where required. There is outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. The external areas are landscaped.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment required to provide the care documented in the care plans.</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>	FA	<p>The facility has been designed for hospital level care and allows for the use of mobility equipment. Shared ensuites have locks and green/red lights to identify they are occupied. The opposite door in the shared ensuite automatically locks when in use (interlocking). These can be opened if necessary, by staff in an emergency. There is a mobility bathroom with shower bed available. Communal toilet facilities have a system that indicates if it is engaged or vacant. Residents interviewed reported their privacy is maintained at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms. Staff interviewed reported that rooms have sufficient space to allow cares to take place. Residents are encouraged to bring their own pictures, photos and furniture to personalise their room, as observed during the audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining</p>	FA	<p>The service has a main lounge, a large separate dining area, a café and a second smaller lounge area. The lounges, dining room and café are accessible and accommodate the equipment required for the residents. The lounges and dining areas are large enough to cater for activities. Residents are able to move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit.</p>

needs.		
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry has a dirty to clean workflow and entry and exit doors. All linen and personal clothing is laundered on site. The chemical provider monitors the effectiveness of the laundry process. Cleaning trolleys are kept in designated locked cupboards when not in use. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits also monitor the effectiveness of the cleaning and laundry processes.</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>	FA	<p>There are emergency/disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. At least one staff member is on duty at all times with a current first aid certificate. The facility has an approved fire evacuation scheme. Fire evacuation drills take place every six months at a minimum. Smoke alarms, a sprinkler system and exit signs are in place. The service has alternative gas facilities for cooking in the event of a power failure, with a back-up system for emergency lighting and battery back-up.</p> <p>The civil defence kit is checked three-monthly. There is sufficient water stored to ensure for three litres per day for three days per resident. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. Residents have call bells within reach (sighted) and this was confirmed during resident and relative interviews.</p> <p>The service has a visitors' book at reception for all visitors, including contractors, to sign in and out. The facility is secured at night. Access by public is limited to the main entrance. Visiting hours have been limited due to Covid-19 with the hours set from 11 am to 4 pm during level two lockdown. Covid-19 sign-in is mandatory for visitors and staff.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. The facility has central heating that is thermostatically controlled. All bedrooms and communal areas have at least one external window.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well-informed about infection control practises and reporting. The infection control coordinator (RN) is responsible for infection control across the facility. The infection control committee and the Bupa governing body is responsible for the development and review of the infection control programme.</p> <p>Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. Residents are offered the influenza vaccine. There have been no outbreaks.</p> <p>Covid-19 education has been provided for all staff, including hand hygiene and use of PPE. Bupa has implemented weekly teleconferences which allow for updates, education and discussion. All visitors are required to provide contact tracing information. All new residents are isolated for two weeks.</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>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme at St Andrews The infection control committee meet as part of staff meetings and also as part of the registered nurse meetings. The IC coordinator has completed training in infection control. External resources and support are available through the Bupa quality &amp; risk team, external specialists, microbiologist, GPs and nurse practitioners, wound nurse and DHB when required.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policies are updated regularly and directed from head office.</p>

appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff.</p> <p>The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking.</p> <p>Consumer education is expected to occur as part of the daily 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 uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</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 including trends, analysis and corrective actions/quality are discussed at staff and clinical meetings.</p> <p>Infections are entered into the electronic database for benchmarking. Corrective actions are established where trends are identified.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraints or enablers.</p> <p>The clinical manager is the restraint coordinator. She understands strategies around restraint minimisation and maintaining a restraint free environment. Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0.</p> <p>Staff education including assessing staff competency on RMSP/enablers begins during orientation and continues annually.</p>



## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<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>	CI	<p>A number of strategies are being implemented to reduce the overall number of falls with the most recent initiative around caregiver involvement in falls prevention demonstrating a significant</p>	<p>The number of residents' falls were gradually increasing from August 2019 to May 2020 with a peak of 17 falls during the month of May 2020. Strategies that have been in place include (but are not limited to) ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and intentional rounding. The most recent initiative, implemented when falls were at their highest level in May, is being led by the caregivers and has included the identification of a falls champion (senior caregiver) and regular falls meetings with caregivers. All caregivers are assigned four residents to check their rooms daily for any potential trip or fall hazards. In addition, each resident fall is carefully analysed and trended to look for patterns. And each resident who has experienced falls has strategies implemented specifically for them. For example, one resident is toileted at a frequency that is greater than most due to her falls regularly occurring in the toilet. Another resident has the caregivers running quickly to her room when the sensor mat alarm is activated. A third resident who is known to fall due to reoccurring urinary tract infections has fluids encouraged with greater frequency. Care plans identify these requirements. The rate of falls has reduced from 17 (May 2020) to only seven in June, five in July and six in August.</p>

		reduction in falls.	
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End of the report.