

# Bupa Care Services NZ Limited - Glenburn Rest Home & Hospital

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## 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 BSI Group New Zealand Ltd, 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>	Glenburn Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 12 November 2020    End date: 13 November 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>	91

# 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
	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

Glenburn Rest Home and Hospital is part of the Bupa group. The service is certified to provide hospital (medical and geriatric); psychogeriatric, rest home care and dementia care. Of the 103 beds in the service, 91 were occupied during the audit.

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

The care home manager provides leadership and management and is supported by four-unit coordinators.

The three previous audit shortfalls around staffing, neurological observations and covert medications have been addressed.

This audit identified further shortfalls related to monitoring of air temperatures and the decking timber on one deck.

## 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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There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

## 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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Glenburn is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed with a very high level of satisfaction expressed. This was also supported by residents and relatives interviewed. ‘

Quality and risk performance is reported across the facility meetings and to the organisation's management team. Quality initiatives are implemented which provide evidence of improved services for residents.

There are human resources policies to guide practice and an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care. External training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial assessment and support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents at rest home, hospital, dementia, and psychogeriatric levels of care. The care plans are resident, and goal orientated. Care plans are evaluated every six months or earlier if required. Files reviewed identified integration of allied health and team input into resident care. The general practitioner reviews residents at least every three months. There is mental health services psychiatrist input into management of challenging behaviours. The community mental health nurse visits fortnightly.

The activities team implements the activity programme in each “community” to meet the individual needs, preferences, and abilities of the resident groups. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations. Activities are focused on meaningful and sensory activities in the dementia care and psycho-geriatric units.

Medications are managed appropriately in line with accepted guidelines. Registered nurses and caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the General Practitioner or Psychiatrist.

All meals are prepared and cooked on-site. There is a current food control plan in place. Resident dietary needs are met, and alternative foods offered for dislikes. There are nutritious snacks available 24 hours.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The building has a current warrant of fitness. There is a reactive repairs and maintenance system and a 52-week maintenance plan. The outdoor areas are easily accessible and secure for the residents who require this. Seating and shade are provided in all outdoor areas.

## 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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There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that is congruent with the definitions in NZS 8134.0. The process of assessment and evaluation of enabler use is the same as restraint and included in the policy. The service has 12 residents on the register with restraint and no enablers. Restraint includes bedrails, lap belts / T belts and other such as hand holding when in the shower. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

## Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant personnel.

## 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	14	0	1	1	0	0
Criteria	0	39	0	1	1	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>There is a complaints procedure to guide practice. The care home manager has overall responsibility for managing the complaints process at Glenburn. A complaint management record has been completed for each of the three complaints received in 2020. A record of all complaints per month had been recorded on the electronic register. The register includes relevant information regarding the complaint including date of resolution. Verbal complaints are included, and actions and response are documented. Complaints are reported to head office monthly. One complaint reviewed showed that complaints were resolved in a timely manner.</p> <p>The complaints procedure is provided to resident/relatives at entry and also around the facility on notice boards. There is a 'post box' at reception where complaints can be posted with this cleared daily Monday to Friday.</p> <p>Discussion with residents and relatives confirmed they were provided with information on the complaint process. Complaint forms were visible for residents/relatives in various places around the facility. There have not been any complaints from external authorities since the last audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate</p>	<p>FA</p>	<p>There is an incident reporting policy to guide staff on their responsibility around open disclosure. An electronic incident/complaint/hazard/feedback reporting process is used by staff to report issues, document the investigation, and show when the incidents are closed. Incident forms reviewed identified that family had been notified following a resident incident. Six relatives interviewed (two from the psychogeriatric, two from the dementia unit including one</p>

<p>effectively with consumers and provide an environment conducive to effective communication.</p>		<p>whose family member was receiving respite care and two family with residents in the hospital) stated that they are informed when their family members health status changes.</p> <p>Eight residents interviewed (five from the rest home and three from the hospital) stated that they receive information when needed and they feel that they can talk to the care home manager, clinical manager or other staff whenever they wish. They described an open-door policy, and this was observed during the audit.</p> <p>There is an interpreter policy and contact details of interpreters are available. Managers described accessing interpreting services when required.</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. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. The information pack is available in large print and this can be read to residents. Information specific to the psycho-geriatric and dementia community is provided to family on admission as part of the admission pack.</p> <p>The following staff were interviewed: the care home manager; two unit coordinators from the hospital wings and one unit coordinator from the dementia / psycho-geriatric units; six caregivers – one from rest home, one from hospital, one who works across all areas and three from the dementia and psychogeriatric communities; two registered nurses including one from the psycho-geriatric community; kitchen manager, two administration, one DT in training, and one maintenance person.</p> <p>The managers and registered nurses described discussing the philosophy of the dementia community and psychogeriatric community with relatives when they enter the service, and this was confirmed by relatives interviewed. Additional information is available if required.</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>Glenburn is a Bupa facility which provides hospital, rest home, dementia, and psycho-geriatric level care for up to 104 residents. Occupancy on the day of audit was 91 residents.</p> <p>The service is divided into communities. There are 26 rest home level beds with an occupancy of 16 on the day of audit; 52 hospital level beds with an occupancy of 52; 12 dementia level beds with an occupancy of 12 (one room in the dementia level community is designated as being for a resident requiring respite at this level and this was occupied during the audit); 13 psychogeriatric level beds with an occupancy of 11. There are two separate wings of the secure Koru community (one identified for dementia level of care and one as psychogeriatric level of care) with both operating as separate communities.</p> <p>Residents in the hospital community included four young people with a disability. No residents identified as being under a long-term chronic health contract or other contracts apart from the Aged Related Residential Care (ARRC) agreement. There are no dual-purpose beds.</p> <p>The philosophy of the service includes providing safe and therapeutic care for residents requiring specialised</p>

		<p>hospital level care (psycho-geriatric), dementia care, rest home care and hospital care. Resident care plans reflected the service's resident centred approach to care and support. Bupa have identified six key values that are displayed on the wall at Glenburn. There is an overall Bupa business plan and risk management plan and a documented purpose, values, and direction.</p> <p>The care home manager at Glenburn is an experienced manager (RN) who has been employed in the role for three years. The care home manager has over 20 years' experience as a registered nurse including seven years as a business and care manager in a different facility. The care home manager has a post graduate diploma in palliative care. The care home manager is supported by a clinical manager (registered nurse) who oversees clinical care. The clinical manager has been in the role for 10 years with prior experience in surgical nursing. There are unit coordinators who provide day to day leadership and oversight in each community, (three are RNs and one is an enrolled nurse). One-unit coordinator oversees the dementia and psycho-geriatric units. The hospital unit coordinator (kowhai) has been in the service for 15 years, with four years in the role. There is a newly appointed hospital unit coordinator (rata) who has six years clinical and facility management experience in rest home/hospital for a large organisation. The unit coordinator of the rest home has been six years in the role, has 14 years' experience in nursing and has a post graduate certificate Plunket. The unit coordinator of the psycho-geriatric and dementia units has a post graduate certificate in mental health and te reo Maori nursing.</p> <p>The managers are supported by the wider Bupa management team that includes an operations manager. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual forums and regional forums six monthly. The managers have maintained at least eight hours annually of professional development activities related to management of services such as these.</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>Glenburn implements the Bupa quality and risk management system which is designed so that key components are linked to facility operations. The quality committee meet two monthly and outcomes are then reported across the various other meetings.</p> <p>There are meetings to ensure that all are engaged in discussion and review of quality and risk data. Meeting minutes reviewed include discussion about the key components of the quality programme. Policy review is coordinated by Bupa head office. The service has comprehensive policies/procedures to support service delivery including a policy around meeting interRAI requirements. A document review process is in place.</p> <p>The quality programme includes an annual internal audit schedule that is being implemented at Glenburn. Audit summaries and corrective action plans are documented where a noncompliance is identified. Issues and outcomes are reported to the appropriate committee. Corrective action plans reviewed, showed documentation of resolution of issues with these closed out in a timely manner. Monthly and annual reviews are completed for all areas of service.</p> <p>Meetings include the following: two monthly head of department, community meetings, quality, kitchen, household,</p>

		<p>health and safety and infection control; monthly staff meetings; two monthly clinical review meetings. These meetings also serve as forums to review progress towards goals. Glenburn participates in the organisations benchmarking programme that monitors key aspects of care. Discussions with registered nurses and caregivers confirmed their involvement in the quality programme. Resident/relative meetings are held.</p> <p>There are projects in place to progress improvements for residents and to service delivery. The satisfaction survey completed in August 2020 showed significant improvement in all areas. In 2020, 81% of respondents said they would recommend the service (73% in 2019; 93% said they fell at home *(69% in 2019); 98% felt safe and secure (94% in 2019); and 89% of respondents felt comfortable raising concerns (77% in 2019). The net promoter score was 61.9 – up by 7.7 from 2019. The relative survey also showed an improvement from 2019 in food (7.5); quality of care (8.7); quality of dementia care and psycho-geriatric care (8.7 (up 0.2 from 2019); and staff 9 (up by 0.1 from 2019).</p> <p>The service has a health and safety management system. There are implemented risk management and health and safety policies and procedures in place, including accident and hazard management. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow-up where required. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families.</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>	FA	<p>Bupa Glenburn collects incident and accident data on the prescribed form. Twenty forms reviewed had been completed comprehensively, reviewed by the clinical manager, and signed off in a timely manner. Monthly analysis of incidents by type has been undertaken by the service and reported to the various staff meetings. Data was linked to the organisation's benchmarking programme and used for comparative purposes. Corrective action plans are completed when the number of incidents has exceeded the benchmark with these signed off when strategies and actions have been implemented. Neurological observations are always completed as per policy for any resident with a fall involving a head injury or for an un-witnessed fall.</p> <p>A review of completion of incident and accident forms from July 2020 to current evidenced a 100% completion of those reviewed.</p> <p>Senior management are aware of the requirement to notify relevant authorities in relation to essential notifications. Reportable events that resulted in a section 31 notification being completed included a pressure injury (June 2019); resident who absconded (September 2019); a gastro outbreak (March 2020) and a suspected respiratory virus outbreak (September 2020).</p>
Standard 1.2.7:	FA	There are comprehensive human resources policies including recruitment, selection, orientation, and staff training

<p>Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>and development.</p> <p>The recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications, experience, and skills. A copy of practising certificates is kept. Seven staff files were reviewed (clinical manager, unit coordinator, two registered nurses, activities assistant, kitchen manager and a caregiver) and included all appropriate documentation. Staffing levels are stable with some staff having been employed for a number of years.</p> <p>The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals are conducted for all staff. There was a completed in-service calendar for 2020 which exceeded eight hours annually.</p> <p>Caregivers have completed either the national certificate in care of the elderly or have completed or commenced the CareerForce aged care education programme.</p> <p>There is a total of 104 staff employed at the service. The following staff are employed to support residents at Glenburn: clinical manager; care home manager; four unit coordinators (all interRAI trained); 60 caregivers; 13 registered nurses (eight are interRAI trained); activities staff; and household staff (laundry kitchen or cleaning).</p> <p>There are a total of 34 caregivers and registered nurses who work in the dementia and psychogeriatric communities (noting that nine have completed the training but do not normally work in this area). All have completed the required NZQA dementia standards level four.</p> <p>The clinical manager and registered nurses attend external training including conferences, seminars and sessions provided by Bupa and the local district health board as sighted in staff files reviewed.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is an organisational staffing policy that aligns with contractual requirements. The Wage Analysis Schedule (WAS) is based on the Safe indicators for Aged Care and Dementia Care and the roster is determined using this as a guide. A report is provided fortnightly from head office that includes hours and whether hours are over and above.</p> <p>There is a minimum of two registered nurses plus care staff on every shift. This includes one registered nurse in the psychogeriatric community at all times (who also covers the dementia community when required) and at least two registered nurses in the hospital 24 hours per day (who provide cover to the rest home). The dementia community and psychogeriatric community have a shared office with windows into the lounge of each community and are connected with call bells alerting through both services. Interviews with caregivers from across all community informed that the nursing staff and management are supportive and approachable. Staff interviewed informed there is sufficient staff on duty at all times apart from at night at times in the dementia or psychogeriatric community.</p> <p>Rosters reviewed evidenced the following staff on duty:</p>

		<p>Rest home (16 occupied beds): Morning – one registered nurse/unit coordinator 40 hours a week and three caregivers (one short shift); afternoon – two caregivers (one short shift) and one senior caregiver overnight.</p> <p>Hospital Rata (25 occupied beds): Morning - one registered nurse, one-unit coordinator, four caregivers; afternoon – 1 registered nurse, four caregivers; two caregivers overnight plus one registered nurse shared with Kowhai.</p> <p>Hospital Kowhai (27 occupied beds): one registered nurse, one-unit coordinator, five caregivers (two short shift); afternoon – 1 registered nurse, four caregivers (two short shift); two caregivers overnight plus one registered nurse shared with Rata.</p> <p>Psychogeriatric (11 occupied beds): one registered nurse shared with dementia unit at all times; morning – one-unit coordinator, three caregivers; afternoon – two caregivers; two caregivers overnight.</p> <p>Dementia unit (12 occupied beds): one registered nurse shared with psychogeriatric unit at all times; morning – one-unit coordinator, two caregivers; afternoon – two caregivers; one caregiver overnight.</p> <p>A review of rosters confirmed that there are sufficient staff rostered and staff are replaced when on call. Staff always ring for a second staff member to come to the community when they ‘provide two-person cares in a specific community (dementia or psychogeriatric). The shortfall identified at the previous certification audit has been addressed.</p> <p>There is an on-call process for after hours and staff are aware of how to escalate any concerns.</p>
<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>	<p>PA Low</p>	<p>There are policies and procedures in place for all aspects of medication management. Medications were stored safely in the communities. Registered nurses and senior caregivers who administer medications have completed their annual medication competency. Registered nurses complete syringe driver competencies. The RNs checks the robotic rolls on delivery against the electronic medication charts and signs the robotic sachet for the first 24 hours. As required medications are dispensed in bottles and the expiry dates checked regularly. Standing orders are used and the documentation meets the standing order requirements. Each standing order is reviewed annually by the GP and stored in the hospital level communities. There was one rest home resident self-medicating who has a current self-medication competency in place. There were two residents being administered covert medications (one dementia level and one psycho-geriatric level). Both residents had a consent signed by the Enduring Power of Attorney (EPOA) and GP. The previous finding has been addressed.</p> <p>Medication fridge temperatures had been checked daily and were within the acceptable range, however medication room air temperatures were not being monitored. Eyedrops were dated on opening. No vaccines are stored at the facility.</p> <p>The facility has an electronic medication management system. Fourteen medication charts were reviewed (two rest home, four hospital, four dementia and four psycho-geriatric). All charts reviewed had photo identification and allergy status documented. All medication sheets evidenced three monthly reviews by the G.P. There is an</p>

		<p>antipsychotic medicine management plan used for residents when medications are commenced, discontinued, or changed. The general practitioner reviews the anti-psychotic management plans for residents with stable behaviours and the psycho-geriatrician for residents with acute changes in behaviour.</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>	FA	<p>All meals and baking are prepared and cooked on-site. The kitchen manager/qualified cook is supported by a team of second cook, morning, and afternoon kitchenhands. All food services staff have recently completed service IQ unit 167. The four-weekly rotating winter and summer Bupa menu has been reviewed by a dietitian at organisational level. The kitchen manager receives a nutritional profile for each resident and is notified of any changes to dietary requirements and unintentional weight loss. Resident dislikes are known and accommodated. Pureed meals, soft foods and diabetic desserts are provided. 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. The kitchen is adjacent to the downstairs hospital community. Meals are plated and delivered to the rest home. Meals are served from bain maries in the dementia and psycho-geriatric communities. Daily platters of fruit, sandwiches, scones etc are supplied to the dementia and psycho-geriatric communities.</p> <p>Cultural food preferences are met and include an Indian menu. The kitchen manager developed a separate daily Indian menu which is also displayed on the notice board.</p> <p>The food control plan has been verified May 2020 for 18 months. The temperatures of refrigerators, freezers, chiller, end cooked food temperatures, cooling and heating are taken and recorded. All food is stored appropriately, and date labelled. Cleaning schedules are maintained. The dishwasher is checked monthly for effectiveness by the chemical provider.</p> <p>Residents and relatives have the opportunity to feedback on the service through meetings and surveys. Residents and the family members interviewed commented very 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</p>	FA	<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, GP visits and medication changes. 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 including unintentional weight loss. The previous finding around lack of documented interventions for weight loss has been addressed.</p> <p>Staff have access to sufficient medical supplies (e.g., dressings). Wound assessment, wound management and evaluation forms and photos are in place for all wounds. Short-term care plans were in place for wounds. There were no wounds in the rest home community, eight wounds in the hospital communities (chronic ulcers, skin tears</p>

<p>desired outcomes.</p>		<p>and one surgical wound), three wounds in the dementia community and three wounds in the psychogeriatric community. In addition, there are four pressure injuries with three stage 2 in the hospital (two facility acquired and one present on admission) and one stage 3 facility acquired pressure injury of the heel in the psychogeriatric community. All have appropriate care documented and provided, including pressure relieving equipment. The rest home unit coordinator is the wound care champion and reviews non-healing wounds. There is access to the DHB wound care specialist. RNs have received training on wound care and dressing products.</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>Interviews with registered nurses and caregivers demonstrate understanding of the individualised needs of residents. Monitoring forms reviewed included turning charts, monthly weight, vital signs, bowel charts, toileting charts, neurological observations, food and fluid charts, behaviour charts, lowa pain monitoring, continence monitoring and blood sugar levels. Neurological observations had been completed for un-witnessed falls where the resident could not verbalise if they hit their head and for obvious knocks to the head. Reasons for discontinuing neurological observations were documented such as refusing observations. The previous finding around neurological observations has been addressed.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs an activities coordinator and two activity assistants to implement the activity programme across the four levels of care. The activities coordinator works Monday to Friday 8am to 4.30pm and has completed dementia unit standards and progressing through career force diversional therapy qualifications. Caregivers incorporate activities into their roles and are on the roster for afternoon activity hours in the hospitals and psychogeriatric and dementia units. There is a Bupa annual activity calendar with a guide for activities, themes, and festivities. During the days of audit, the service was celebrating Diwali with arts, crafts, painting, and food.</p> <p>There is a combined rest home/hospital weekly activity programme that is displayed on the notice boards. Activities include (but not limited to); board games, word building games, falls prevention exercises, bowls, arts and crafts, baking, movies, walks and one on one time.</p> <p>The dementia care community programme includes a variety of exercises including balloon toss, table and floor games, poetry, reading news, sing-a-longs, hand care, discussions, reminiscing and one on one time with residents. The activity programme in the psycho-geriatric community includes word games, exercises (chair dance), reading, musical DVDs, discussion and reminiscing and one on one time. Both programmes are flexible and change to meet the resident's needs.</p> <p>Entertainment is provided in the combined rest home/hospital communities and the combined dementia/psychogeriatric communities. Church services, bible studies and Holy Communion are offered in all communities. Pastoral visitors are involved in some activities such as story reading and discussions/chats. The</p>

		<p>Indian community visits and school visits will resume. There are weekly van outings for all residents. The van has a wheelchair hoist, and the van driver has a first aid certificate. Two staff accompany residents on outings/scenic drives. Residents are encouraged to maintain former community links.</p> <p>There are individualised recreational plans for the younger persons that include a choice of activities they wish to participate in and their personal interests/hobbies.</p> <p>A map of life, activities assessment cultural and spiritual assessment is completed on admission. An individual socialising and activities plan over 24 hours is incorporated into the long-term care and evaluated six-monthly in consultation with the resident (as appropriate) and relative.</p> <p>The service receives feedback and suggestions for the programme through resident meetings, direct feedback from residents and families and surveys. Residents and relatives interviewed spoke positively about the activities programme.</p> <p>The service is in the process of reviewing the activity programme hours to best suit the resident needs for example sun-downing in dementia and psychogeriatric level residents.</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. The long-term care plan had been evaluated six-monthly for long-term resident files reviewed.</p> <p>A letter is sent out to relatives inviting them 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. Allied health professionals involved in the resident's care either attend the meeting or 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. Relatives are updated of any changes if they have been unable to attend. Records of discussion are recorded on the MDT review meeting record.</p> <p>Short-term care plans are evaluated regularly 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</p>	PA Moderate	<p>The building warrant of fitness certificate expired 23 September 2020. There has been a delay in processing compliance checks due to Covid-19 and this is now underway.</p> <p>There is a full-time maintenance person who is supported by a part-time maintenance assistant/van driver. There is a maintenance register in each community for requesting repairs. There is a 52-week planned maintenance schedule in place that has been maintained. There are monthly, three monthly, six monthly and annual maintenance requirements that cover internal and external maintenance, resident equipment, testing and tagging and hot water temperatures in resident areas. Corrective actions have been taken where temperatures are above</p>

<p>facilities that are fit for their purpose.</p>		<p>45 degrees Celsius. There are contractors for essential service available 24/7.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. Resident rooms are refurbished as they become vacant.</p> <p>Garden and courtyards upgrades have been completed. There is outdoor furniture and shaded areas/shade sails. The psycho-geriatric community has a spacious courtyard with garden walls on the fences for privacy, a water feature and walking pathway. The dementia community has secure garden area with walking pathway.</p> <p>The rest home and hospital level communities have outdoor decks and gardens with seating and shade. There is wheelchair access to all areas. The gardens are well maintained however the deck outside the rest home requires maintenance to ensure resident safety.</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>	<p>FA</p>	<p>The surveillance policy describes the purpose and methodology for the surveillance of infections. The IC coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. This is kept as part of the resident files.</p> <p>Infections are included on a monthly register and a monthly report is completed by the IC coordinator with this tabled at relevant meetings. Infection control data is collated monthly and reported at the quality and infection control meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There has been a gastro-enteritis outbreak March 2020 and a suspected respiratory virus outbreak in September 2020. Both have been well documented with appropriate authorities involved and notified including Public Health. Documentation confirmed that the general practitioner has been actively involved in the outbreaks and specialist staff from Bupa have provided appropriate advice and support. A communicable disease log was kept for each outbreak and there were low numbers of residents and staff who contacted the infections.</p> <p>The service has provided comprehensive information around Covid-19 to family, residents, and staff. There is sufficient personal protective equipment (PPE) to manage any outbreak for at least two weeks. There is a Covid-19 plan in place to manage any risks or changes in practice should there be an outbreak. The RNs interviewed could describe donning and doffing of PPE and set up of an isolation room if required. There are paper towels in each room including bathrooms and pump soap.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a regional restraint group at an organisation level that reviews restraint practices. The Glenburn quality committee is also responsible for restraint review and use. The unit coordinator in one of the hospital wings is the restraint coordinator and has been in the role for over 15 years. There is a documented definition of restraint and enablers. There are clear guidelines in the policy to determine what is restraint and what is an enabler. The restraint policy includes comprehensive restraint procedures.</p> <p>There are no residents with enablers. There are currently a total of 12 residents using restraint including: six residents using restraint (three hospital residents using bedrails, three with lap belts/T belts and two other; and six in the psychogeriatric unit (three low beds, five lap belts/T belt; two other e.g. hand holding while the resident is in the shower. Staff use a range of strategies to prevent falls including making sure that staff understand the policy and approach, know how to use equipment, improving understanding for family members and managing their expectations, increase training and individualised training around the needs of that resident, understanding of risks and use of other strategies to manage behaviours. Staff in all units were observed to manage challenging behaviour expertly using a variety of techniques and strategies to calm and de-escalate.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	All medications are stored safely in each community. Medication fridge temperatures are monitored daily and recorded. Temperatures were within the acceptable range. Medication room air temperatures had not been monitored to evidence medications were stored at below 25 degrees Celsius.	All four medication rooms did not evidence room air temperature monitoring.	<p>Ensure there is daily monitoring and recording of medication room air temperatures.</p> <p>90 days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Moderate	There is a large external deck area outside of the rest home, which is easily accessed, however the decking requires maintenance to prevent slips, trips and falls.	There are some rotting parts in the decking wood and knots in the decking timber have worked loose, leaving	Ensure the deck surface is repaired and safe for residents to

			holes that create an uneven surface.	use. 90 days
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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, 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
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End of the report.