

# Bupa Care Services NZ Limited - David Lange 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 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:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** David Lange Care Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

**Dates of audit:** Start date: 28 January 2021      End date: 29 January 2021

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 72

# 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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

Bupa David Lange rest home and hospital is part of the Bupa aged care residential group. The service provides rest home, hospital and residential disability – physical level care for up to 87 residents. On the day of the audit there were 72 residents.

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.

The care home manager has been in the role for over two years and has over 20 years of previous experience in aged care and as a care home manager in other organisations. The care home manager is supported by a clinical manager (registered nurse) who has been in the role for six months with previous experience as a unit coordinator.

The residents and relatives spoke positively about the staff and the care provided at Bupa David Lange.

This audit identified no areas identified for improvement.

This audit awarded two continuous improvements for ensuring that residents and family receive culturally safe services which recognise and respect their ethnic, cultural and spiritual values and beliefs and for the restraint free environment provided at the service.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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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. Bupa David Lange has a large number of residents who identify as being from a range of Pacific Islands, Indians, Māori and European. The individual care plans reference the cultural needs of residents and residents and family described a high level of satisfaction with the management, staff and care provided. 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 the Code of Health and Disability Services Consumer Rights (The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code).

## 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.

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 David Lange 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.

The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. These are then reviewed and discussed with the resident and/or family/whānau input. Care plans viewed demonstrate service integration and are

reviewed at least six-monthly. Resident files include medical notes by the contracted general practitioner (GP), and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for the administration of medicines complete education and medication competencies. The electronic medication charts (1chart) are reviewed three-monthly by the general practitioner.

The activities coordinator (diversional therapist) and the team of activities coordinators implement the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and themed celebrations. Residents and families reported satisfaction with the activities programme.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. There are nutritious snacks available at all times. 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.

The building holds a current warrant of fitness. All internal and external areas are safe and well maintained. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. 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. 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. At least one first aid trained staff member 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.

All standards applicable to this service fully attained with some standards exceeded.

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 restraints and five using an enabler. 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.

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 (RN) is responsible for coordinating education and training for staff. The

infection control coordinator has completed annual training provided by Bupa head office. There is a suite of infection control policies and guidelines available electronically to support practice. 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 has been one influenza outbreak in the previous year which was appropriately managed.

## 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	2	43	0	0	0	0	0
Criteria	2	91	0	0	0	0	0

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

# Attainment against the Health and Disability Services Standards

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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
Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation.	FA	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 20 staff (six caregivers, four registered nurses (RNs), one unit coordinator/registered nurse, one enrolled nurse, two household staff, one maintenance, one cook, one activities coordinator, three activity assistants) reflected their understanding of the key principles of the Code. They can apply this knowledge to their job role and responsibilities within the organisation.
Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There is an informed consent policy. In all nine files reviewed, (six hospital including one YPD and three 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.  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. The care home manager and clinical manager also confirmed that all resident files included an advance directive. Discussions with relatives demonstrated they are involved

		<p>in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were on resident files when these were documented.</p>
Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	<p>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  Consumers are able to maintain links with their family/whānau and their community.	FA	<p>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 meetings are held two-monthly, and family can participate if they wish to. Regular newsletters are provided to residents and relatives. There is evidence of sound communication with family members and residents throughout the Covid-19 pandemic lockdown periods.</p>
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	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. Ten complaints were lodged in 2020. Three complaints were reviewed and 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 these complaints and the developed corrective action plan were discussed in staff meetings, as evidenced in the meeting minutes reviewed.</p> <p>Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
Standard 1.1.2: Consumer Rights During Service Delivery	FA	<p>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,</p>

Consumers are informed of their rights.		<p>clinical manager, and registered nurses (RN) discuss aspects of the Code with residents and their family on admission. Further discussions relating to the Code are held during the two-monthly resident/family meetings.</p> <p>Twelve residents (six rest home level including one family member of a resident under 65 years identified as having physical disabilities and six hospital level including two residents under a LTS-CHC contract both with physical disabilities.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>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.</p> <p>There is a policy on abuse and neglect and staff receive training. Staff interviewed described appropriate processes to reduce the risk of abuse and neglect, and to identify and report this if it were suspected. There have not been any incidents related to abuse or neglect in the past year. The GP praised the service for the way services were delivered and stated that there was no evidence of abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service 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 two residents who identified as Māori living at the facility. Their specific needs are captured in their care plan.</p> <p>Māori consultation is available through documented iwi links and Māori staff who are employed by the service. Linkages to local iwi and community members have been established and are well documented for staff to access. The manager stated that the service follows the principals of tikanga when delivering care to Māori residents.</p> <p>Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic, last occurring in 2020. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>

<p><b>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</b></p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	CI	<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.</p> <p>David Lange has large Pacific and South Asian communities. The managers and staff have strong links with specific church groups and cultural groups and a continuous improvement rating has been awarded for the cultural component of the service.</p>
<p><b>Standard 1.1.7: Discrimination</b></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 which include responsibilities of the position, ethics, advocacy, and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.</p> <p>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><b>Standard 1.1.8: Good Practice</b></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 and pharmacists who, in addition to supplying medication, complete six-monthly controlled drug audits and give advice to staff regarding medication.</p> <p>Bupa David Lange 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.</p>

		<p>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 completed in 2020 reflected very positive feedback. The 2021 survey is currently being collated.</p> <p>A quarterly newsletter updates the residents and families about past and future events and developments both within the service and the Bupa organisation as a whole.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	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 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. Sixteen 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. Interpreter services are available if needed. Staff and family are utilised in the first instance.</p>
Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>David Lange Rest Home is part of the Bupa group of aged care facilities. The service is certified to provide rest home, hospital (medical and geriatric) and residential disability- physical levels of care for up to 87 residents. On the day of the audit there were 72 residents (28 rest home level and 44 hospital level). All rest home and hospital beds are certified for dual purpose. Two residents in the hospital and one in the rest home were identified as young person with a disability (YPD) and all were identified as having a physical disability. There are three residents under an LTS-CHC contract (long term support-chronic health condition) including two requiring hospital level of care and one requiring rest home level of care. All have a physical disability. All other 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 were documented, site-specific quality goals in 2020 that addressed reducing residents' falls, improving the phone system, improving the performance management and carpet and lighting. Most were closed out, with the phone system and performance reviews also being identified as requiring monitoring in 2021. A new goal was also added for 2021. 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 (registered nurse with a current annual practicing certificate) has been in the role for two and a half years, has an MBA and has completed leadership training, and has over 20</p>

		<p>years of experience in aged care. The manager has experience in management roles in aged care prior to being appointed into this role. The care home manager is supported by a clinical manager/registered nurse who had been in the role for a year as a clinical coordinator prior to promotion into this role.</p> <p>There are two-unit coordinators (RNs). One has been in the role for two years and has previous experience working in adult ophthalmology. The second has been in the role for 2 ½ years with a further 2 ½ years as a unit coordinator at another facility.</p> <p>Staff spoke positively about the support, direction, open style of communication, 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 safe services to consumers.</p>	FA	<p>The clinical manager is responsible for overall operations of the facility when the care home manager is absent. The quality partner (registered nurse with a postgraduate certificate in long term care), visits two-weekly. They have held roles in primary care prior to their appointment and provide support for the clinical manager and care home manager in the absence of either.</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>	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 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</p>

		<p>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>There are a range of meetings that include monthly health and safety and quality meetings, along with regular and diarised meetings such as restraint, infection control, registered nurse, staff, household, and activity staff meetings. Each includes discussion of key issues and corrective actions if required with sign off of issues when resolved. Meetings have continued to be held during Covid-19 pandemic noting that the schedule was modified to maintain social distancing and safe practice.</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 and have attained the tertiary level.</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>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all sixteen accident/incident forms reviewed from those documented in December 2020 and January 2021 (one pressure injury, medication error, two with bruises identified, one challenging behaviour, one skin tear, one infection, nine 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. Clinical follow-up of residents is conducted by a registered nurse. Unwitnessed falls included neurological observations, as evidenced in seven accident/incident forms with other actions taken to reduce future falls such as referral of the resident to the physiotherapist.</p> <p>Discussions with the care home manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, a section 31 report was completed for a pressure injury and one for a suspected outbreak of influenza. The Ministry of Health and district health board was notified of the change in clinical manager. There have not been any deaths referred to the coroner since the last audit.</p>
Standard 1.2.7: Human Resource Management	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,</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>experience, and veracity. A register of current practising certificates is maintained. Nine staff files reviewed (two caregivers, one clinical manager/RN, one unit coordinator/RN, one kitchen manager, two registered nurses, one diversional therapist, one care home manager) identified 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 toolbox talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQA) requirements. A summary of staff who have completed the training programme for 2020 showed that 100% of staff had completed the compulsory training and 75% had attended the core training with others completing this currently.</p> <p>There is training for caring for younger people as part of the existing training programme. This is included in such topics as sexuality and intimacy, first impressions, and the aging process. Staff interviewed could describe reference to young people.</p> <p>In addition to in-service education, RN staff attend external DHB education (eg, palliative care clinical sessions). Three of 13 RNs have completed their interRAI training with a further four booked to complete this. First aid/CPR refresher sessions are required every two years for all qualified staff, caregivers, and activity staff. Training records and rosters confirmed that there was always at least one first aider on duty at all times. A first aid trained staff member is always present on activity outings. Training around isolation and the use of personal protective equipment has been completed by all staff with staff trained on how to manage isolation and minimise risk should there be a Covid-19 outbreak. There is a video for all staff on induction on use of PPE including donning and doffing.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p> <p>A staff rationale and skill mix policy is in place. The care home manager and 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. There are also two-unit coordinators who work 8 am to 5 pm Monday to Friday.</p> <p>The facility is divided into three floors with wings as follows:</p> <p>i) Orion (ground floor) – 23 beds with seven hospital and 13 rest home residents. There are two caregivers (both long shift and one registered nurse on the AM shift; the same on the PM shift and one caregiver overnight.</p>

		<p>ii) Pegasus (level one) – 20 beds with 12 hospital and four rest home residents.</p> <p>iii) Phoenix (level one) – 22 beds with 12 hospital and six rest home residents.</p> <p>Pegasus and Phoenix are staffed together with staff working as a team as follows: four caregivers and two RNs in the AM; the same in the PM; and two caregivers and two registered nurses overnight.</p> <p>iv) Gemini (level 2) – 22 beds with 13 hospital and five rest home residents. There are two caregivers (both long shift and one registered nurse on the AM shift; the same on the PM shift; and one caregiver overnight.</p> <p>The care home manager has responded to staff feedback regarding levels of staffing and acuity of resident cares. In November 2020, an extra registered nurse was rostered on the AM shift and one on the PM shift in Orion, and an extra registered nurse on the PM shift in Pegasus. An extra caregiver from 7 am to 1 pm was added to Pegasus and Phoenix if occupancy or acuity increases. All staff are replaced when on leave and currently the service is recruiting RNs to fill gaps in staffing with bureau currently used.</p> <p>Interviews with staff, residents and family members identified that staffing levels are adequate to meet the needs of residents.</p>
Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	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.
Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	There is an implemented Bupa admission policy and procedures to safely guide service provision and entry to the service. 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. The service has an information pack available for residents/families/whānau at entry. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families. Resident agreements contain all detail required under the Aged Residential Care Agreement. The nine admission agreements reviewed meet the requirements of the ARCC and were signed and dated. Exclusions from the service are included in the

		<p>admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Family members reported that the care home manager or clinical manager are available to answer any questions regarding the admission process.</p>
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	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.</p> <p>One file reviewed was of a resident who had been transferred to hospital acutely with pneumonia and fluid overload related to chronic heart failure. All appropriate documentation and communication were completed. Transfer to the hospital and back to the facility post-discharge was well documented in progress notes. Communication with family was made in a timely manner.</p>
Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. All legal requirements had been met. There are no standing orders in use. There are no vaccines stored on site.</p> <p>All clinical staff (RNs, ENs 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, an enrolled nurse and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications.</p> <p>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 three facility medication rooms. 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.</p> <p>Staff sign for the administration of medications electronically. Eighteen electronic medication charts were reviewed. 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</p>

		identified. 'As required' medications had indications for use charted.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	<p>A cook (acting kitchen manager) oversees the on-site kitchen, and all meals are cooked on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. The service also provides an additional Indian themed menu to cater for resident demographics which a resident of any culture is free to choose from. A resident nutritional profile is developed for each resident on admission which identifies dietary requirements and likes and dislikes, 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 cook works closely with the registered nurses on duty. Special diets and likes and dislikes are readily visible on the wall for kitchen staff and are updated with any changes to match updated nutritional profiles. Special equipment such as lipped plates and adapted cutlery are available according to resident need.</p> <p>On the day of audit, meals were observed to be well presented. Supplements are provided to residents with identified weight loss issues. Additional snacks are available at all times.</p> <p>The kitchen was observed to be clean and well organised, and a current approved food control plan was in evidence expiring September 2021. 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 and are all within the acceptable range. Cleaning schedules are maintained.</p> <p>All foods were date labelled in the pantry, chiller, and freezers. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. 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>
Standard 1.3.2: Declining Referral/Entry To Services  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.	FA	The service records the reason for declining service entry to potential residents should this occur and communicates this to the consumer and where appropriate their family/whānau member of choice. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.

<p><b>Standard 1.3.4: Assessment</b> Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. 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. These are completed on admission and reviewed six-monthly as part of the evaluation unless changes occur prior, in which case a review is carried out at that time.</p> <p>InterRAI assessments had been completed for all long-term residents' files reviewed including those under an LTS-CHC contract and for YPD residents. These were within timeframes and areas triggered were addressed in the care plans reviewed. Initial interRAI assessments and reviews are evident in printed format in all resident files. All interRAI assessments have been completed within contractual timeframes.</p>
<p><b>Standard 1.3.5: Planning</b> Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Nine resident files were reviewed across a range of conditions including pressure injury care, diabetes, dementia, behaviour that challenges, falls, weight loss and weight gain. 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.</p> <p>Service integration was evidenced by documented input from a range of specialist care professionals, including the podiatrist, wound care specialist and mental health care team for older people. Relatives and residents interviewed all stated they were involved in the planning of resident care.</p> <p>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. The care staff interviewed advised that the care plans were easy to follow. Integration of records and monitoring documents are well managed.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b> Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<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. Staff stated that they notify family members about any changes in their relative's health status, and this was confirmed by family members interviewed, who stated they are notified of any changes to their relative's health including accident/incidents, infections, health professional visits and changes in medications.</p>

		<p>Evidence of relative contact for any changes to resident health status was viewed in the resident files sampled on the family/whānau contact form. 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>Wound assessment, appropriate wound management and ongoing evaluations are in place for all wounds. Wound monitoring occurred as planned and there are also photos to show wound progress. There were 12 ongoing wounds including two chronic wounds, six skin tears (one DHB acquired), and four grade 1 pressure injuries (three facility acquired). There was evidence of wound nurse specialist involvement in chronic wounds management.</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. Care staff stated there are adequate clinical supplies and equipment provided, including continence and wound care supplies, and these were sighted on day of audit.</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. All monitoring requirements including neurological observations had been documented as required.</p> <p>Care plans have been updated as residents' needs changed. The GP interviewed was complimentary of the service and care provided.</p>
Standard 1.3.7: Planned Activities  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.	FA	<p>The service employs an activity coordinator (DT) and three activity assistants covering Monday to Friday between them, planning and leading activities in the home. Weekend activities are planned by the team and facilitated by care staff on duty with activity resources set up on trolleys on each floor that residents and families can also independently access as they wish. There are set Bupa activities including themes and events which the activities team add to in order to individualise activities to resident need and the diverse cultures within the facility. A weekly activities calendar and newsletter is distributed to residents, posted on noticeboards and is available in large print. On the days of audit residents were observed participating in activities. The activities coordinator seeks verbal feedback on activities from residents and families to evaluate the effectiveness of the activity programme, enabling further adaptation if required. Residents interviewed were positive about the activity programme.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. There are weekly outings to places chosen by the residents and there are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day, Anzac Day, and other cultural festive days are celebrated. There are visiting community groups such as cultural dance</p>

		<p>groups, a Hindi prayer group and the facility has links with three local schools. The activity team provide a range of activities which include (but are not limited to) exercises, walks outside, crafts, games, quizzes, entertainers, cooking and bingo.</p> <p>The activity team are involved in the admission process, completing the initial activities assessment, and have input into 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>Those residents who prefer to not to participate in communal activities receive one-on-one visits and individualised activities according to their preferences.</p> <p>Younger persons with disabilities are provided with individualised, age-appropriate activity plans that encourage and facilitate their continued engagement with the community external to the facility.</p>
Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>The nine resident care plans reviewed had been evaluated by the registered nurses six-monthly or earlier if there was a change in health status. Activities plans are in place for each of the residents and these are also evaluated six-monthly. There are three-monthly reviews by the GP for all residents which family are able to attend if they wish to do so. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from caregivers, the GP, the activities coordinator, resident and family/whānau members and any other relevant person involved in the care of the resident.</p> <p>The contracted GP 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 intervals.</p>
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	<p>Bupa David Lange 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. Referral documentation is maintained on resident files.</p> <p>The clinical manager and registered nurse interviewed gave examples of where a resident's condition had changed, and the resident had been reassessed for a higher or different level of care. Discussion with the registered nurses identified that the service has access to a wide range of support either through the GP, specialists, and allied health services as required.</p>

<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies and documented processes regarding chemical safety and waste disposal in place. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety datasheets and product sheets are available and readily accessible for staff. Sharp's containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff and were seen to be worn by staff when carrying out their duties on the day of audit. A spills kit is available.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current building warrant of fitness, which expires on 9 March 2021. A request book for repairs is maintained and signed off as repairs are completed. There is a full-time maintenance officer who carries out the 52-week planned maintenance programme. The maintenance officer is also on call after hours for urgent matters. The checking and calibration of medical equipment including hoists, has been completed annually and is next due April 2021. All electrical equipment has been tested and tagged in June 2020 and is valid for 24 months. 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. 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 safe access to all communal areas. The external areas are landscaped with mature gardens and a wheelchair accessible walking track with raised garden beds which residents use to grow fresh produce for their own use.</p> <p>The caregivers, RNs and EN interviewed stated that they have all the equipment required to provide the care documented in the care plans.</p>
<p><b>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</b></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</p>	FA	<p>The facility has been designed for hospital level care and allows for the use of mobility equipment. All rooms have ensuites apart from three. All rooms have hand basins. There are also sufficient communal toilets and showers. Handrails are appropriately placed in ensuite bathrooms, communal showers, and toilets. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. Privacy is assured with the use of ensuites.</p> <p>There are paper towels, flowing soap, and hand sanitisers available in all toilets and bathrooms and in communal areas.</p> <p>Communal toilet/shower/bathing facilities have a system that indicates if it is engaged or vacant.</p>

requirements.		Fixtures, fittings, floorings, and wall coverings are in good condition and are made from materials which allow for ease of cleaning. There is a mobility bathroom with shower bed available. Residents interviewed reported their privacy is maintained at all times.
Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility equipment. Residents are encouraged to personalised their bedrooms with personal belongings as viewed on the day of audit. Staff interviewed reported that they have more than adequate space to provide care to residents.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There are large and small communal areas. Activities occur in all lounges and dining areas which are large enough to cater for the activities on offer, are accessible and can accommodate the equipment required for the residents. There are sufficient lounges and private/quiet seating areas where residents who prefer quieter activities or visitors may sit. The lounge and dining areas are spacious, inviting, and appropriate for the needs of the residents. 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 during the audit.
Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All laundry is outsourced. There are two separate areas – an external 'dirty' room for linen/clothing awaiting collection and a 'clean' room for deliveries. There is a cleaning manual available. Cleaning and laundry services are monitored through the internal auditing system. The cleaners' equipment was attended at all times or locked away in the cleaners' cupboard. All chemicals on the cleaner's trolley were labelled. Sluice rooms were kept locked when not in use. Residents and family interviewed reported satisfaction with the cleaning and laundry service.
Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations.	FA	There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence, or other emergencies. All staff receive emergency training on orientation and ongoing which includes how to turn off the external gas supply and how to access the external emergency water supply. Civil defence supplies are readily available within the facility and include water, food, and supplies (torches, radio, and batteries), emergency power and barbecue. The service has alternative gas facilities for cooking in the event of a power failure, with a back-up system

		<p>for emergency lighting and battery back-up. 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. There is an approved fire evacuation scheme in place and six-monthly fire drills have been completed. Smoke alarms, a sprinkler system, evacuation notices and exit signs are in place.</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 stored in an external tank. Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated show on a display panel and also give an audible alert. There is an escalation system in place that alerts management, should call bells ring for extended periods. 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. Access by public is limited to the main entrance. Covid-19 sign-in is mandatory for visitors and staff.</p> <p>Security policies and procedures are documented and implemented by staff. The buildings are secure at night. There is security lighting, a static guard between 11 pm and 1 am and a mobile security patrol at other times during the night.</p>
Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All bedrooms and communal areas are appropriately heated, have ample natural light and ventilation. The facility has central heating that is thermostatically controlled. Staff and residents interviewed, stated that this is effective. All bedrooms and communal areas have at least one external window. There are two monitored outdoor areas where residents may smoke. All other areas are smoke free.
Standard 3.1: Infection control management  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.	FA	<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 (ICC) is an RN who is responsible for infection control across the facility as detailed in the ICC job description (signed copy sighted on day of audit). The ICC oversees infection control for the facility, reviews incidents on RiskMan and is responsible for the collation of monthly infection events and reports. The infection control committee and the Bupa governing body are 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 was one outbreak in 2020 which was appropriately managed.</p>

		Covid-19 education has been provided for all staff, including hand hygiene and use of PPE.
Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	There are adequate resources to implement the infection control programme at Bupa David Lange. The ICC liaises with the infection control committee who meet three-monthly and as required (monthly during Covid lockdown). Information is shared as part of staff meetings and also as part of the registered nurse meetings. The ICC has completed online training in infection control. External resources and support are available through the Bupa quality and risk team, external specialists, microbiologist, GPs and nurse practitioners, wound nurse and DHB when required. The GP monitors the use of antibiotics. Overall effectiveness of the programme is monitored by Bupa head office.
Standard 3.3: Policies and procedures  Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection, the infection control team, and training and education of staff. Infection control procedures developed in respect of care, the kitchen, laundry, and housekeeping incorporate the principles of infection control. Policies are updated regularly and directed from Bupa head office.
Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The ICC 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, and staff have completed infection control education in the last 12 months. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking. The ICC has also completed infection control audits.  Resident education occurs as part of providing daily cares and as applicable at resident meetings.

<p><b>Standard 3.5: Surveillance</b></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>Surveillance is an integral part of the infection control programme and the purpose and methodology are described in the Bupa surveillance policy. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Monthly infection data is collected for all infections based on standard definitions as described in the surveillance policy. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and preventative measures put in place. These, along with outcomes and actions are discussed at the infection control meetings. Meeting minutes are available to staff.</p> <p>Infections are entered into the electronic database (Riskman) for benchmarking. Corrective actions are established where trends are identified.</p> <p>Systems in place are appropriate to the size and complexity of the facility.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>CI</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraints and five using enablers.</p> <p>The clinical manager is the restraint coordinator. On interview, the clinical manager confirmed their understanding of 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> <p>The facility has been awarded a continuous improvement for its work to be a restraint free environment.</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
Criterion 1.1.6.2 The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.	CI	David Lange has large Pacific and South Asian communities along with the European group in the service, and the service has considered the individual values of each individual, the Island or community they belong to and uniqueness of each of these. The service has been awarded a rating of continuous improvement for the way in which they work to address individual cultural needs.	There are groups of residents who belong to different Pacific Islands (eg, Cook Islands, Tongan, and Samoan); South Asian groups of residents (eg, Indian), and residents who identify as European. Staff are employed to represent the varying ethnic groups and rosters reflect the efforts put in to allocate staff to residents identified as the same ethnicity. Courses in numeracy and literacy are offered free to those who want or need it. The staff mix supports residents to communicate needs and wishes and to have the service delivered in a way that meets their needs. The activities schedule reflects the ethnic diversity. The staff have strong links with specific church groups, and a relationship with the Bhartiya Samaj Charitable Trust Church services include Pacific and Indian sing-a-longs, a Hindi prayer group and other services. Staff welcome new staff and farewell leaving staff with a shared lunch that includes residents and staff. Staff have training annually around cultural competency. Staff records confirmed that staff have had this last in 2020. There is also a resident and staff survey, and both showed overwhelming satisfaction with the way in which residents have their cultural needs met.

Criterion 2.1.1.4  The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.	CI	The service has been restraint free since January 2020. While there are five residents using an enabler, the service has trialled not using these and, in all cases, confirmed that the use of the enabler is necessary for the resident involved.	Bupa has been working to reduce the use of restraint since 2010 and a report detailed a reduction of 49% following staff education and training over all facilities (report released 23 July 2020). In line with the Bupa philosophy, David Lange has also minimised the use of restraint and has been restraint free for one year. The service has also looked at ways of reducing the use of enablers.  Two files reviewed for residents using an enabler confirmed that documentation included a thorough assessment, consent, risks identified as part of the assessment process, links to the care plan, interventions and other strategies clearly documented and monitoring requirements detailed and followed. The service had gained consent to trial residents without enablers and the trial confirmed that there was a need for enablers with an appropriate rationale for continuing to use enablers for each individual. These include use of lap belts, bedrails with all residents using these competent to give consent. The trial was documented and included resident feedback into the process. Two residents interviewed who used an enabler stated that they felt safer with a lap belt or bedrail. There is a restraint and enabler meeting three-monthly with minutes detailing discussion of any use of this. Meetings were held in March September and December 2020 (noting that a meeting was not held because of Covid-19 restrictions). Staff complete restraint free and manual handling competencies annually. All have training in de-escalation of challenging behaviours and all new staff are orientated to a restraint free environment.

End of the report.