

Bupa Care Services NZ Limited - The Gardens Rest Home and Hospital

Introduction

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

The audit has been conducted by 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:	The Gardens Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 March 2021 End date: 18 March 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:	53



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

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

General overview of the audit

Bupa The Gardens Rest Home and Hospital provides rest home and hospital levels of care for up to 55 residents. During the audit, there were 53 residents.

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

The Bupa quality and risk management programme are well embedded at The Gardens. Quality initiatives are implemented which provide evidence of improved services for residents.

The care home manager has been in the role 10 months and has extensive nursing experience in New Zealand and Australia. She is supported by an experienced clinical manager/registered nurse and clinical coordinator.

Residents interviewed commented positively on the services provided at The Gardens.

The previous finding from the certification audit around implementation of monitoring charts remains.

There were no further improvements identified at this surveillance audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and relatives have the opportunity to provide feedback on the service through surveys and meetings. There is evidence that residents and family are kept informed of resident's health status. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme are embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The residents and family interviewed confirmed their input into care planning and evaluations. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Planned activities are integrated and appropriate to the rest home and hospital level residents. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences. The residents and family member interviewed confirmed satisfaction with the activities programme.

Staff responsible for medication management have current medication competencies. Medication policies reflect legislative requirements and guidelines. The medicine charts reviewed met legislative prescribing requirements.

All meals and baking are done on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required. The menu is reviewed annually by the Bupa dietitian. Residents commented positively on the meals provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a reactive and planned maintenance programme in place. Communal areas are easily accessible with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Hot water temperatures are monitored.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures for the safe assessment and review of restraint and enabler use. During the audit, there was one resident using restraint and four residents voluntarily using enablers. All appropriate documentation was in place.

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 coordinator/registered nurse uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections.

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	15	0	0	1	0	0
Criteria	0	40	0	0	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>	FA	<p>Clinical staff interviewed included three caregivers, one registered nurse (RN) one clinical manager and one care home manager were all knowledgeable around the complaints policy and procedure. The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints received is maintained by the care home manager using a hard copy and electronic complaints' registers. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC). The final investigation letter offers advocacy.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints/compliments forms are available.</p> <p>There were four written complaints in 2020 and three in 2021 to date. All complaints had been acknowledged and investigated within the required timeframes. All complaints were signed off by the care home manager as resolved.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs and changes to a resident health status. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Nine accident/incident forms reviewed identified family had been informed. One hospital relative interviewed stated they are kept well informed on the residents' health status. Five rest home and</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>one hospital level residents interviewed stated they were well informed during the admission process and have the opportunity to provide feedback and suggestions at resident meetings.</p> <p>There are quarterly resident meetings. Meeting minutes documented discussion on infection control, health and safety and emergency situations such as the recent earthquake. Annual surveys provide residents and relatives an opportunity to feedback on the service. Results and quality improvements are displayed on a central noticeboard.</p> <p>Interpreter services are used where indicated.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa The Gardens Rest Home and Hospital provides hospital and rest home level of care for up to 55 residents. There are 23 rest home beds and 32 dual purpose beds. On the day of audit there were 53 residents - 30 rest home residents (including one respite care) and 23 hospital residents (including three younger persons and one under ACC funding).</p> <p>There is an overall strategic business plan that includes the Bupa vision and goals to reflect a person/family centred approach. The Gardens have specific quality goals around RNs completing the DHB professional development recognition programme, person first – dementia second training, 10% reduction in falls and 10% reduction in pressure injuries. Annual goals for the facility have been determined and are regularly reviewed by the care home manager with reporting to the operations manager.</p> <p>The care home manager/RN has been in the role since June 2020 and has experience in clinical and management roles in Australia for the last 10 years. She is supported by clinical manager/registered nurse (RN) who has been employed by Bupa as an RN and unit coordinator previously and has been in the current role for three years. The care home manager and clinical manager are supported by a Bupa regional manager. A new role within head office, Quality Partner, was introduced late 2020 to support clinical managers.</p> <p>The care home manager has completed orientation and attended a three-day Bupa conference via zoom in November 2020. HealthCERT was notified of change in manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality</p>	<p>FA</p>	<p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed at head office by the relevant personnel. New policies or changes to policy are communicated to staff.</p>

<p>and risk management system that reflects continuous quality improvement principles.</p>		<p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure injuries, wounds, and medication errors. Data is entered into the RiskMan management system and analysed for trends and quality improvements which is discussed at facility meetings including quality management, heads of departments, health and safety, infection control, RN/EN and caregiver meetings. Benchmarking occurs within the organisation. There are two clinical review meetings held weekly and monthly RN meetings are documented, and all meetings document a wide range of resident related discussion and care.</p> <p>An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule for 2020 and 2021 to date. Corrective actions are established for audit outcomes outside of the expected results. A summary of findings is completed, discussed at meetings, corrective actions implemented and signed off when completed. The service also receives an unannounced "first impressions" audit from a community marketing person. There is an annual facility health check completed last in January 2021.</p> <p>An annual survey was conducted in October 2020. An area was identified for improvement around the lunchtime meals. A quality improvement plan was developed in consultation with the residents. This included offering more variety of fruit and fillings for club sandwiches. Trays with a variety of fillings were available at each dining table so that residents could make their own club sandwiches with fillings of their choice. A lunchtime satisfaction survey was completed following the implementation of recommendations in February with a 100% satisfaction result. Survey results are published on the main entrance noticeboard.</p> <p>Health and safety goals are established and regularly reviewed. The health and safety committee meet three monthly and review health and safety goals, hazards, accidents and incidents. A registered nurse with a job description is the facility health and safety representative. Other committee members have completed stage 1 of health and safety courses and awaiting the availability of other courses. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. All new staff and contractors undergo a health and safety orientation programme.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats, hip protectors, hi-low beds and additional remote call bell for use in resident rooms. A corrective action plan around falls reduction was developed in 2020. Over the last nine months the falls rate has been below the organisational KPI. An increase in falls in January 2021 was related to one frequent faller.</p>
<p>Standard 1.2.4: Adverse Event Reporting All adverse,</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Nine accidents/incidents were reviewed for the month of February 2021. Each event involving a resident reflected an immediate RN clinical assessment and Iowa pain assessment. Post falls assessments were completed including documentation of GP and physiotherapist review as required. Neurological observations had been completed for unwitnessed falls. There was documented evidence of relative notification of accidents/incidents on</p>

<p>unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>the whānau/family contact form in the resident files.</p> <p>The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification in February 2021 for a community acquired unstageable pressure injury.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (one clinical manager, one RN, one activities coordinator, one caregiver and one cook), provided evidence of a recruitment process, job descriptions, completed orientation programmes and performance appraisals. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. Caregiving staff are awarded a level two national certificate following completion of their orientation programme. Three caregivers interviewed stated they were adequately orientated to the service.</p> <p>There is an implemented annual education and training plan that is set by head office and includes learning essentials, clinical learning topics (compulsory and non-compulsory) and additional topics listed. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies each year relevant to their role. Toolbox talks are provided for repeat sessions or topical events.</p> <p>Registered nurses are supported to maintain their professional competency and are registered with the DHB professional development recognition programme. Seventeen registered nurses are employed and eight have completed their interRAI training.</p> <p>Caregivers are encouraged to completed New Zealand Qualification Authority (NZQA) qualifications through Careerforce. There is a Careerforce assessor available at another regional Bupa facility. The head cook is a service IQ assessor.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	<p>FA</p>	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager/RN, a clinical manager/RN and a unit coordinator/RN for the facility rostered Monday - Friday. RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of caregivers.</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>There are 23 rest home residents in the rest home communities (23 beds) with four caregivers on the morning shift starting at 7 am with one finishing at 3 pm, one at 2 pm, one at 11 am and one at 10am. There are three caregivers on the afternoon shift 3pm to 10 pm. There is one caregiver on the night shift.</p> <p>There are 32 dual purpose beds in the hospital communities (23 hospital residents and seven rest home residents) with six caregivers starting at 7 am with one finishing at 3 pm, one at 2 pm, one at 1 pm and three caregivers finishing at 11 am. There is one caregiver on duty from 1 pm to 4 pm. On afternoon shift there are four caregivers (3 pm -11 pm, 3 pm - 7 pm, 5 pm – 9 pm and 4 pm – 9 pm). There are two caregivers on the night shift.</p> <p>Interviews with staff, residents and family member identified that staffing is adequate to meet the needs of residents. Caregiver shifts can be extended to meet increased resident acuity. Staff sickness and annual leave is covered as demonstrated on the roster. The care home manager is currently reviewing caregiver hours around the lunchtime period to meet resident needs at mealtimes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Registered nurses, enrolled nurse and medication competent caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Registered nurses have completed syringe driver competency. Medications were stored safely. Robotic rolls are checked against the electronic medication chart and a record of reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Standing orders have been approved by the GPs annually. Hospital stock is checked weekly for stock level and expiry dates. There was one self-medicating rest home resident on the day of audit. The self-medicating competency and monitoring was in place. The medication fridge temperature and medication room temperature are recorded daily, and these were within acceptable ranges. Eyedrops and other liquid medications were dated on opening.</p> <p>The facility utilises an electronic medication management system. Ten medication charts reviewed (four rest home and six hospital) had photo identification and allergy status documented on the chart. All medication charts evidenced three monthly reviews by the GP. All 'as required' medication prescribed had indications for use documented by the GP. 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</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The service has a four weekly summer and winter menu that has been reviewed by an organisational Bupa dietitian. There is a cook and morning and afternoon kitchenhand on duty each day. All kitchen staff have completed food safety training. The head cook has catering level 3 and 4 and is a Service QI assessor. Meals are served from the bain-maire to residents in the main dining room. There is a second dining area where residents dine who require assistance with meals.</p> <p>Resident likes, and dislikes are known, and alternative choices offered. The residents have a nutritional profile</p>

<p>and nutritional needs are met where this service is a component of service delivery.</p>		<p>developed on admission and the kitchen staff receive a copy, which identifies the residents' dietary requirements and likes and dislikes. Special diets include gluten free, diabetic and pureed meals. The cook (interviewed) is notified of any residents with weight loss. Religious and cultural preferences are met. Lip plates and specialised utensils are provided to promote and maintain independence with meals.</p> <p>There is a current food control plan which expires 22 September 2021. Fridge, freezer and end cooked meat temperatures are taken and recorded daily. Perishable foods sighted in the kitchen pantry were dated and stored in sealed containers. Inwards goods have temperatures recorded. The dishwasher is checked regularly by the chemical supplier. A cleaning schedule is maintained.</p> <p>Staff were observed assisting residents with their midday meal on the day of audit. Resident meetings and surveys, along with direct input from residents, provides resident feedback on the meals and food services generally. A quality improvement plan is in place around the midday sandwiches. Residents interviewed were very satisfied with the improvements implemented and enjoy making their own club sandwiches with choices of fillings available.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Moderate</p>	<p>When a resident's condition changes the RN initiates a GP visit or nursing specialist referral. Residents interviewed reported their needs were being met. The family member interviewed, stated the care and support met their expectations for their relative. The family/whānau contact form viewed in resident files evidenced relatives had been contacted for any changes to resident health status including accident/incidents, infections, GP visits, medication changes and appointments.</p> <p>The previous finding around enabler monitoring and completion of GP instructions has been implemented.</p> <p>Wound assessment, wound management and evaluation forms and plans were in place for the monitoring of skin conditions and a chronic wound/cellulitis which was linked to the long-term care plan. Short-term care plans were in place for wound infections. There were no pressure injuries on the day of audit however a repositioning chart was not in place for one hospital level resident at high risk of pressure injury.</p> <p>Continence products are available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Monitoring charts reviewed included monthly and weekly weight charts, monthly vital signs, neurological observations post unwitnessed falls, bowel records, fluid balance charts, blood pressure, behaviour charts and blood sugar levels however monitoring was not documented for one hospital resident for safety and comfort as per the care plan. The previous finding around monitoring forms remains.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs one activity coordinator (interviewed) that works 37.5 hours (Monday to Friday) and one activity assistant for 30 hours per week (Monday, Tuesday, Thursday and Friday). The activity programme is integrated rest home and hospital and there are two activity staff on four days a week to ensure activities provided meet the physical, emotional and recreational preferences and abilities of the residents. There are four clients who attend the day care programme. The programme is flexible, varied and interesting that includes (but not limited to); news and views, arts and craft, music and cuppa, exercises, garden walks, mini yoga, mini golf, brain games, movies, board games, knitting group, high teas, reading group and hand and nail care. Church services are held in the weekends and there is the activity lounge set up with activities for staff, family and residents to utilise. Community visitors include weekly musical entertainers, canine friend's fortnightly on Sundays, family visitors with pets and senior art group weekly. Day care children visit fortnightly for games and songs in English and te reo Māori. There are regular van outings, scenic drives in the wheelchair access van. The van driver has a first aid certificate and is accompanied by an activity staff member.</p> <p>One-on-one activities occur such as individual walks, reading and chats and nail/hand care for residents who are unable or choose not to be involved in group activities. Father's Day, ANZAC Day, Easter, Māori language week and other special events are celebrated.</p> <p>Younger people are aware of the integrated activities available should they wish to join in. Activity assessments and one-on-one discussion identify their personal interest and hobbies and staff support them to continue visits into the community for shopping and attend other community functions.</p> <p>The activity coordinator completes an activity and cultural assessment soon after admission and develops a map of life and activity plan which is evaluated six-monthly at the MDR. Residents have the opportunity to provide feedback on the programme at the three-monthly resident meetings and annual survey.</p> <p>Residents and family member interviewed were happy with the activities programme and content.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The initial assessment and care summary is evaluated at three weeks in consultation with the resident and/or family. Long-term care plans are reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with the input from caregivers, GP, and any other allied health professionals involved in the care of the resident. Family members are invited to attend the MDT review. The MDT review identifies if the resident goals are met or unmet. The long-term care plan is updated following the MDR. There are short-term care plans available to focus on acute and short-term issues. These are evaluated regularly and either resolved or added to the long-term care plan as an ongoing problem.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current building warrant of fitness, which expires on 18 March 2021. There is a full-time maintenance person (interviewed) who works from Monday to Friday and is on call after-hours and on weekends. A maintenance log is maintained for daily requests for repair. There is a Bupa 52-week planned preventative and reactive maintenance programme in place. The checking of medical equipment including hoists, has been completed annually. Electrical testing and tagging have been completed annually. The hot water temperatures are monitored monthly on a room rotation basis. Temperatures were recorded below 45 degrees Celsius.</p> <p>The facility is divided into four communities, all connected to the large central lounge/dining area. The corridors are wide, with handrails which promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the facility with mobility aids, where required. There was outdoor furniture and seating with ramps for wheelchair access to all external areas. The gardens were well maintained and easily accessible to all residents and staff.</p> <p>The registered nurses and caregivers interviewed stated that they have sufficient equipment referred to in care plans and 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 and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator/RN uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Infection events are entered into the RiskMan electronic register. The infection control coordinator provides a monthly report with end of month analysis and trending. The infection control coordinator provides infection control data, trends and relevant information to the quality risk team and clinical meetings. Infection statistics are included for benchmarking. Corrective actions are established where trends are identified.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners.</p> <p>Infection control updates on Covid-19 restrictions and lockdown were provided by the DHB. The DHB did a virtual walk through of the facility and checked resources available. Staff and management received updates from their head office personnel. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of</p>	<p>FA</p>	<p>A regional restraint group at an organisation level reviews restraint practices. A monthly restraint committee as part of the RN meeting is responsible for restraint review and use. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear guidelines in the policy to determine what restraint is and what an enabler is. The restraint policy includes comprehensive restraint procedures. Discussion with the restraint coordinator (clinical manager) confirmed the service commitment to reducing restraint</p>

<p>restraint is actively minimised.</p>		<p>use.</p> <p>At the time of the audit, the service had one hospital resident with restraint (bedrail) and four hospital residents using an enabler (two with bedrails, three with lap belts and one with a chest strap). Two of the four residents using enablers had two enablers in place; (one resident was using a lap belt and a bedrail, the other had a lap belt and a chest strap). All appropriate consents, documentation and monitoring was in place.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>Staff interviewed demonstrated an understanding of the assessment, monitoring and management plans. Monitoring charts reviewed included monthly and weekly weight charts, monthly vital signs, neurological observations post unwitnessed falls, bowel records, fluid balance charts, blood pressure, behaviour charts and blood sugar levels, however monitoring forms were not in place for two hospital level residents as per the care plans. This was addressed on the day of audit.</p>	<p>(i) One hospital resident at high risk of pressure injury did not have a repositioning chart in place and (ii) another hospital resident did not have a safety and comfort monitoring form in place as per care plan.</p>	<p>(i) & (ii) Ensure monitoring forms are implemented as documented in care plans to monitor a resident's skin integrity, safety and comfort.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.