

# Bupa Care Services NZ Limited - Te Whanau Rest Home & Hospital

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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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Te Whanau Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 29 June 2021    End date: 30 June 2021
<b>Proposed changes to current services (if any):</b>	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Te Whānau is part of the Bupa Group and is certified to provide rest home and hospital level of care for up to 65 residents. On the day of audit there were 47 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 service is managed by a care home manager who is an experienced registered nurse and has been in the role for eight years. The manager is supported by a clinical manager who has been in the role for two years. The management team and staff are supported by a Bupa regional operations manager, and a team of experienced staff.

A robust organisational quality system is in place, the residents, relatives and the general practitioner spoke positively about the care provided at Bupa Te Whānau facility.

This certification audit identified that the service meets the health and disability standards.

There is a continuous improvement awarded around maintaining a restraint free environment.

## 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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Bupa Te Whānau endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrated an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural, religious and spiritual needs are respected. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

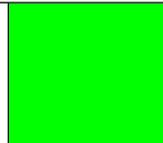
## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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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 is 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 implemented and includes in-service education and competency assessments. Registered nursing cover is provided 24 hours a day, 7 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.

There is an admission package available prior to or on entry to the service. Residents' records reviewed provide evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Residents' files include at a minimum, three-monthly reviews by the general practitioner (GP). There is evidence of other allied health professional input into resident care.

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

An integrated activities programme is implemented that meets the needs of aged care residents. The programme includes community visitors and outings, entertainment and activities.

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

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services.

There are two shared bedrooms and on audit, one was vacant, and one had one person in. The remainder are single. Four rooms have their own ensuite, the balance have a shared ensuite. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible.

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.

## 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.
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There is a restraint policy in place that states the organisation's philosophy to restraint minimisation. Bupa Te Whānau is restraint free and has no residents using enablers. The care home manager is the restraint coordinator for the facility.

## 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. There is a suite of organisational infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. The infection control coordinator is responsible for the collation of infections and orientation and education for staff. There were two outbreaks in 2019 which were well managed and appropriate authorities were notified.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	1	44	0	0	0	0	0
<b>Criteria</b>	1	93	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The policy relating to the Code is implemented and staff could describe how the Code is incorporated in their everyday delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location at the entrance of the facility. Staff receive training about the Code during their induction to the service, which continues through in-service education and training (last held in May 2021). Interviews with staff (eight caregivers, four registered nurses (RN), one clinical coordinator, one diversional therapist, one cook, one laundry person, one cleaner, one maintenance person, the clinical manager and care home manager), reflected their understanding of the key principles of the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed</p>	FA	<p>The service has in place a policy for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident in all seven resident files reviewed (four hospital including one ACC resident and three rest home). General consent forms were evident in the seven files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal care, entering rooms and so on. Enduring power of attorney evidence is sought prior to admission, and activation documentation is obtained, and both are filed with the admission agreements. Where legal processes are ongoing to gain EPOA, this is recorded, as are letters of request to families for the supporting documentation. Residents interviewed confirmed that consent was obtained before</p>

consent.		undertaking any care or treatment.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information about the National Health and Disability Advocacy service 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 and there was evidence that they had done so. Training around abuse and neglect was last completed in May 2021.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident and relative meetings are held two-monthly.</p> <p>The local kindy, school and college students visit the facility regularly and local churches provide church services. One resident goes home for the day each day, another resident attends their church on a Sunday with family.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints 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 an electronic complaints' register on the RiskMan system. Documentation including follow-up letters/emails and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC). Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms and a suggestion box are placed at reception. There were six complaints made in 2018, eight in 2019, ten in 2020, and two year to date in 2021. A random sample of ten complaints were reviewed across the years.</p> <p>The complaints reviewed reflected evidence of responding to the complainants in a timely manner with appropriate follow-up actions taken. The complaints reviewed were signed off by the care home manager as resolved.</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 the front entrance. A manager discusses aspects of</p>

<p>Consumers are informed of their rights.</p>		<p>the Code with residents and their family on admission. Five residents (two rest home and three hospital level) and three relatives (hospital) interviewed, reported that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>There are policies implemented around respecting residents' privacy, and treating residents with respect, while promoting independence. Residents interviewed reported they are treated with dignity and respect, their privacy is ensured, and independence is encouraged and supported. 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 identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect and staff have received training. The care home manager is the privacy officer.</p> <p>Caregivers interviewed could fluently describe how they respect residents' privacy and encourage residents' independence.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and 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 three residents who identified as Māori. All resident files identified cultural and spiritual preferences and affiliations (where identified). There are links with Muaupoko Tribal Authority, who are happy to assist with spiritual and cultural advice for Māori residents. The residents who reside at Te Whānau who identify as Māori have been invited to attend events. There is also access to the Mid Central DHB cultural advisor. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic at the study days.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic,</p>	<p>FA</p>	<p>The service identifies the resident's 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 included the identification of individual values and beliefs. All care plans reviewed included the resident's spiritual and cultural needs and preferences.</p>

cultural, spiritual values, and beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Professional boundaries are defined in job descriptions. A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. 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. Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available 7 days a week, 24 hours a day. The service is in the process of changing providers for GP services. The GP interviewed was satisfied with the level of care that is being provided. Physiotherapy services are provided on site as required. A dietitian is also available on a referral basis. A podiatrist is on site every three months. There is a regular in-service education and training programme for staff. The service has links with the local community and encourages residents to remain independent. Bupa has established benchmarking groups for all services provided. Bupa Te Whānau are benchmarked against the rest home and hospital services data. If the results are above the benchmark, a corrective action plan is developed by the service. Current correction plans include (but are not limited to); frail skin, skin tears, falls and bruising. In 2020, the service worked towards reducing medication errors by 10%, education was provided, medication competencies and administration practices were reviewed. The service has reduced medication errors by 30%.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</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. Accident/incident forms (electronic) have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At present family interpret for a resident who speaks limited English. They also utilise Chinese resident-flash cards. One staff member talks the same language, and family also assist with interpreting.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health 'Long-term Residential Care in a Rest Home or Hospital – what you need to know' is provided to residents on entry. The residents and family are</p>

		informed prior to entry of the scope of services and any items they are to pay for that are not covered by the agreement.
<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>	FA	<p>Bupa Te Whānau Rest Home &amp; Hospital provides hospital (geriatric and medical) and rest home level care for up to 65 residents. There are 47 hospital beds including 10 dual-purpose beds and 18 rest home beds. On the days of audit there were 15 rest home level residents and 32 hospital level residents including two residents funded by ACC.</p> <p>A vision, mission statement and objectives are in place. Progress towards the achievement of annual goals for the facility have been reviewed by the care home manager. The annual goals for 2021 have been developed and communicated to staff. Quality goals for the year include reduction of falls and injuries. The falls focus group meet monthly to analyse resident falls and put corrective action plans in place (where possible) to prevent falls. Goals for 2020 were reviewed and have been achieved.</p> <p>The service is managed by a care home manager who is a registered nurse (RN) and has been in the role since 2013. She is supported by a clinical manager (RN) who has been in her role for two years. They are supported by a clinical coordinator, a team of registered nurses and caregivers. The care home manager is currently supporting a sister facility (two half days a week and more if needed); therefore, the clinical coordinator has been appointed to support the management team. The care home manager reports they continue to enjoy a fairly stable team of staff.</p> <p>The care home manager and assistant manager are supported by a Bupa regional manager. Both the care home manager and the clinical manager have completed at least eight hours of professional development.</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>During the temporary absence of the care home manager, the Bupa relieving facility manager or clinical manager supported by the regional operations manager, covers the care home manager's role.</p>
<p>Standard 1.2.3: Quality And</p>	FA	<p>An established quality and risk management system is embedded into practice. Quality and risk</p>

<p><b>Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>performance is reported across facility meetings and to the Bupa regional operations manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. 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. New policies or changes to policy are communicated to staff.</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 minimisation and strategies, pressure injuries, wounds and medication errors. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are established, implemented and are signed off when completed.</p> <p>The resident satisfaction survey for 2020 evidenced an overall increase in satisfaction of +50/100 from 2019, however, on reviewing the overall satisfaction, there has been a slight reduction in satisfaction across the board from 2019. On discussion with the care home manager, the increase in satisfaction evidenced in the final score may have been to a higher return of surveys. Overall, 46% of respondents would recommend the facility, 64% feel at home, 71% felt safe and secure and 71% felt comfortable raising feedback.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the Health and Safety Committee. The health and safety officer (care home manager) was interviewed about the health and safety programme. The health and safety officer has completed external training around health and safety at work. Risk management, hazard control and emergency policies and procedures are in place and adhered to. Hazard identification forms and a hazard register are in place in each area and has been reviewed annually, and when new hazards are added. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. Ongoing training around health and safety is included in the annual education planner.</p> <p>The falls focus group meet monthly. Each fall and resident are analysed to identify trending and contributing factors of falls in a bid to prevent future falls. Fall strategies implemented are the use of hip protectors, referrals to the physiotherapist, assessing residents' shoes to ensure they fit properly, reducing clutter and trip hazards, utilising sensor mats, increasing checks on residents and raising staff, relatives and resident awareness around falls. An assessment is carried out to ensure residents are safe when using motor scooters. Data evidences a slight reduction of falls for rest home level residents, however, there is a slight rise in falls around hospital level residents largely due to independent residents who have been identified as frequent fallers. Relatives and the residents have been fully involved in care planning</p>
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		and fall prevention strategies.
<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>Individual reports (electronic) are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Twelve accident/incident (six rest home and six hospital) forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse, and relatives' notification had been completed. Neurological observations have been conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system. Opportunities (where possible) were identified and implemented. The clinical manager reviews and signs off each electronic incident report.</p> <p>The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. There have been five section 31 notifications made since the previous audit for pressure injuries, one call bell failure, and a controlled drug medication incident. Notifications were made in a timely manner for two outbreaks (one norovirus in October 2019 and one influenza in August 2019).</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>	FA	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Eight staff files reviewed (one clinical manager, one RN, three caregivers, one diversional therapist, one housekeeper and one cook included a recruitment process (interview process, reference checking and police check for more recently employed), signed employment contracts, job descriptions and completed orientation programmes. 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. There is an implemented annual education and training plan that exceeds eight hours annually. 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 during their induction. Two days of education topics is held, which includes all compulsory education sessions one clinical education day which includes (but is not limited to); challenging behaviour, falls prevention aging process, and medications. The essentials day, topics include (but not limited to): resident rights, incident reporting feedback and complaints. This study day is available to ensure all staff are able to attend. 'Toolbox' sessions are also held frequently as new issues arise, this included education around Covid-19 precautions and guidelines.</p> <p>Registered nurses are supported to maintain their professional competency. There are eleven RNs, six including the clinical manager have completed interRAI training. There are a number of implemented competencies for registered nurses including (but not limited to) medication competencies first aid,</p>

		<p>infection control and wound care.</p> <p>Caregivers are encouraged to complete New Zealand Qualifications Authority (NZQA) through Careerforce, currently there are seven caregivers who have completed level 2, ten who have completed level 3 and three who have completed level 4. There is a Careerforce assessor on site.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a total of 62 staff employed at Bupa Te Whānau. There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. Bupa Te Whānau has a roster in place, which ensures there are adequate staffing levels to meet the acuity and safety needs of the residents.</p> <p>There is a care home manager and clinical manager and the clinical manager from a sister facility who shares on call. The care home manager and clinical manager works Monday - Friday. There are two registered nurses on duty on each morning and afternoon and one registered nurse on duty overnight. Registered nurses are supported by sufficient numbers of caregivers.</p> <p>On the day of the audit, there were 15 rest home and 32 hospital residents.</p> <p>The morning shift has seven caregivers rostered: 6x 7 am to 3 pm and 1x 7 am to 3.15 pm.</p> <p>The afternoon shift has seven caregivers rostered: 3x 3 pm to 11 pm, 3x 3 pm to 9 pm, and 1x 4 pm to 9 pm.</p> <p>There are two caregivers with the registered nurse on duty overnight. All RNs have current first aid certificates. The residents, relatives and staff interviewed stated they felt there were adequate staff on duty. Residents stated they felt their calls bells were answered in a timely manner.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' 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. Residents' files are protected from unauthorised access by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant care staff and registered nurses. Electronic systems used (interRAI and RiskMan) are password protected.</p>
<p>Standard 1.3.1: Entry To Services</p>	FA	<p>There are overarching Bupa policies and procedures to safely guide service provision and entry to services, including an admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-</p>

<p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>developed information pack available for residents/families/whānau at entry. The admission agreement reviewed aligns with the services contracts. Seven admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<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 (a 'pink envelope system is used). All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was documented in progress notes.</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>There are policies and procedures in place for all aspects of medication management, including self-administration. An RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. All medications were securely and appropriately stored. The medication fridge and treatment room temperature has been recorded daily and these were within acceptable ranges.</p> <p>Registered nurses and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Caregivers who act as second checker have also completed medication competencies. The service uses an electronic medication management system.</p> <p>Fourteen medication charts were reviewed (six rest home, eight hospital). Photo identification and allergy status were on all fourteen charts. All medication charts had been reviewed by the NP/GP at least three-monthly.</p> <p>There were three rest home residents self-administering medications at the time of audit. Two were self-administering their ointment and one administering an inhaler and nitrolingual spray. All three had three monthly competency checks and medications were stored safely.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>FA</p>	<p>The kitchen manager oversees the food services and is supported by kitchen staff on duty each day. The national four weekly summer/winter menus have been audited and approved by an external dietitian (March 2021). All baking and meals are cooked on site in the main kitchen. Meals are delivered in a bain-marie to the two rest home kitchenettes where they are served, and the main hospital dining room is</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>served directly from the kitchen. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from a bain marie are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>Food services staff have completed on site food safety education and chemical safety. All food service staff hold national food safety qualifications. The food control plan expires September 2021.</p> <p>There had been considerable focus on resident satisfaction with the meals. Feedback boxes, along with pen and paper, had been placed in the dining rooms. The boxes were emptied weekly with feedback to kitchen staff. A number of changes were made as a result of the feedback including: savoury morning teas, sweet afternoon teas, white or cheese sauce being served with broccoli and cauliflower, gravy jugs with sauces for residents to add as they wished and new salt and pepper shakers. Currently changes were being made to the presentation of moulied food – it is now presented in shapes created by moulds. Residents were appreciative of the response to their suggestions and residents and relatives spoke very highly of the standard of food.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. 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 if entry were declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Bupa assessment booklets on admission, and care plan templates were completed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in all files. Files reviewed across the service identified that risk assessments have been completed on admission and reviewed six-monthly as part of the evaluation. Additional assessments for management of behaviour and wound care were completed according to need. For the resident files reviewed, formal</p>

		assessments and risk assessments were in place and reflected into care plans.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>All resident care plans sampled documented support needs and interventions. Residents and family members interviewed confirmed they are involved in the development and review of care plans.</p> <p>Short-term care plans were in use for wounds and infections and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a range of specialist care.</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>	FA	<p>Residents and families interviewed reported their needs were being met. There was documented evidence of relative contact.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Wound assessment, wound management and evaluation forms and short-term care plans were in place for all wounds. All wound care plans included a short-term care plan and written progress notes to assist review and evaluation of the wound.</p> <p>There was one stage 3 facility acquired pressure injury (section 31 notification had been made), one grade 2 and four grade 1 pressure injuries being managed at the time of audit. Evidence of GP, dietitian, physiotherapist, and wound care nurse specialist input into wound care was documented in resident files. When a resident had a number of wounds, each wound had separate documentation evidencing assessment, wound plan and evaluation and recommendations made were evidenced to be implemented.</p> <p>Monitoring charts were in use; examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</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</p>	FA	<p>The activities team is led by an experienced diversional therapist who works 35 hours per week, Tuesday to Saturday. The second member of the team, an activities assistant works two days on, four days off.</p> <p>The integrated programme for rest home and hospital level of care residents takes place in both areas. There are resources available for care staff to use for one-on-one time with the resident.</p> <p>On or soon after admission, the family/resident completes a Map of Life, which includes previous hobbies,</p>

<p>to their needs, age, culture, and the setting of the service.</p>		<p>community links, family, and interests. A social history is taken and information from this is fed into the 'My way, My day' plan and this is incorporated into the long-term care plan and is reviewed six-monthly as part of the care plan review/evaluation. A record is kept on individual resident's activities. There are recreational progress notes in the resident's file that the diversional therapist completes for each resident every month.</p> <p>The facility has a van which is used for outings. The diversional therapist and a caregiver accompany residents on outings. The diversional therapist has a current first aid certificate.</p> <p>Family members and residents interviewed reported that there is a wide variety of activities provided including exercises, entertainment, outings, quizzes, craft, walks and church services.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans reviewed had been evaluated by registered nurses' six monthly or sooner if the residents condition indicated. Caregivers have input into this evaluation via a three-day data collection form given to them by the RN. The multidisciplinary review involves the RN, GP/NP, physiotherapist, diversional therapist and resident/family. The family are notified of the outcome of the review if unable to attend. There is at least a three-monthly review by the medical practitioner/nurse practitioner. The family members interviewed confirmed they are invited to have input into reviews.</p> <p>Written evaluations describe the resident's progress against the resident's identified goals. InterRAI assessments have been utilised in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem.</p>
<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.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed, and the resident was reassessed for a higher or different level of care. Discussion with the clinical manager and RNs identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services.</p>
<p>Standard 1.4.1: Management</p>	<p>FA</p>	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were</p>

<p>Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness certificate is posted at the entrance to the facility which expires 25 August 2021.</p> <p>Reactive maintenance and a 52-week planned maintenance schedule is in place that has been maintained. There is a maintenance person employed, who works three days per week and provides after hours on-call cover for any maintenance issues. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius (the site is moving to electronically recording these records). There are contractors for essential service available 24/7. Equipment is checked monthly by the maintenance person and calibrated annually.</p> <p>The corridors are wide with handrails 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.</p> <p>The external areas are well maintained. There is outdoor furniture and shaded areas. There is wheelchair access to all areas.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</p> <p>A refurbishment of some bedrooms had been undertaken and is continuing as they become vacant.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when</p>	<p>FA</p>	<p>There are adequate numbers of communal toilets located near to bedrooms and the communal areas. Bathrooms are spacious and can accommodate the use of a shower trolley and any mobility equipment. All rooms except two have either an ensuite or shared ensuite. The two without ensuites are immediately adjacent to a toilet. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Residents interviewed reported their privacy is maintained at all times.</p> <p>Privacy locks are installed on all toilet and shower doors.</p>

attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	The majority of rooms are single. There are two double rooms (on audit one had one person in it the other was vacant). Rooms are spacious enough to manoeuvre transferring and mobility equipment to safely deliver care. There are 18 dedicated rest home beds and 47 hospital beds. Ten of the hospital beds are dual-purpose which can be used to provide rest home or hospital level care. Residents are encouraged to personalise their bedrooms as desired.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There are lounges in the hospital and rest home area. Each area also has a kitchenette and open plan dining area. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents are able to move freely, and furniture is well arranged to facilitate this. Seating and space is arranged to allow both individual and group activities to occur.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry is completed on site. There are designated clean and dirty areas in the laundry with separate entrance and exit doors. Laundry and cleaning audits are completed as part of the internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals are stored in locked rooms. All chemicals are labelled with manufacturer's labels. There are two sluice rooms for the disposal of soiled water or waste. These are locked when unattended.</p> <p>There are dedicated cleaning and laundry staff. Cleaning trolleys are well equipped and stored safely when not in use. Residents and relatives interviewed reported that they were satisfied with the laundry and cleaning services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely</p>	FA	There is a business continuity plan, and a pandemic plan in place to guide staff in managing emergencies and disasters. Fire safety and emergency response scenarios are included in the mandatory in-service programme. Staff are orientated to where the shut off valves are for the gas and water. There is a first aid trained staff member on every shift. The facility has an approved fire evacuation plan and fire drills occur six-monthly. The last fire drill occurred in January 2021. Smoke alarms, sprinkler system and exit signs

<p>response during emergency and security situations.</p>		<p>are in place. Supplies of stored water and food are held on site and are adequate for three days. The service has alternative gas facilities for cooking and in the event of a power failure, a backup system for emergency lighting and power banks are available. There are civil defence kits in the facility. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. The facility is secured at night and security patrols are conducted at night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The temperature in individual resident rooms is able to be adjusted to meet resident's preference or seasonal changes. All communal rooms and bedrooms are well ventilated and light. Residents and family interviewed stated the temperature of the facility is comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>There is an organisational infection prevention and control programme which is appropriate for the size and complexity of the service. An infection control coordinator (clinical manager) is responsible for infection control across the facility. A job description outlines the role and responsibilities. The infection control coordinator provides monthly reports to head office, the care home manager and to quality and staff meetings.</p> <p>The programme is set out annually from head office and directed via the quality programme. The programme is reviewed annually by head office.</p> <p>All visitors and contractors are required to sign in and on the day of the audit, the facility was in level 2 restrictions, therefore all visitors and contractors in the facility had to wear masks. Residents and staff are offered the annual influenza vaccine. There are adequate hand sanitisers and signage throughout the facility.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme</p>	<p>FA</p>	<p>The infection control coordinator has completed online DHB and Bupa infection control education and attends the Bupa infection control meetings. During Covid-19 there has been regular information from head office. The facility has access to an infection control nurse specialist through the DHB, public health, GPs, local laboratory and expertise from within the Bupa company. There is an outbreak management cupboard and ample stock of personal protective equipment that is checked and signed regularly.</p>

and meet the needs of the organisation.		
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are comprehensive infection control policies that are current and reflect standards, legislation and good practice. These policies are developed by head office and reviewed annually. There is resource information and plans around Covid-19 from head office and from the facility. The resource folders are easily accessible to staff.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Training is provided at orientation and as part of the annual training schedule. All staff complete hand hygiene audits. In-services have been provided around personal protective equipment (PPE) and outbreak management and there has been particular emphasis on this since Covid-19. Any new communication regarding Covid-19 is relayed to staff regarding meetings, noticeboards and at handovers. There is a kit made up where staff practice infection control/Covid-19 scenarios and discuss how to best manage these, including donning and doffing PPE. Resident education occurs as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data including trends is sent to head office and discussed with the care home manager and at quality and staff meetings. Meeting minutes are available to staff. Trends are identified, analysed and preventative measures put in place. Systems in place are appropriate to the size and complexity of the facility. Benchmarking against other Bupa facilities occurs. Bupa Te Whānau are consistently under benchmark for all infections. There was one Norovirus and an influenza outbreak in 2019. The outbreaks were reported to the appropriate authorities correctly. There have been no other outbreaks since 2019.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>CI</p>	<p>There is a restraint policy in place that states the organisation's philosophy to restraint minimisation. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The care home manager is the restraint coordinator. The facility gained the restraint free status in April 2020. There are no residents using enablers.</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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.1.1.4</p> <p>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.</p>	CI	<p>The facility achieved the restraint free status in April 2020 following a period of six months with having no residents using</p>	<p>The facility achieved the restraint free status in April 2020 following a period of six months with having no residents using restraints. The facility has been monitoring the numbers of restraints used since 2017, where they had five restraints (the highest number they have had). During a previous audit, it was identified there were two unauthorised restraints in place. Education was provided to staff and families around the use of restraints in particular the use of bedrails. Any beds with bedrails fitted had the rails secured so they could not be used. They have implemented perimeter guards for residents who are restless overnight. Restraint competencies are completed by all staff to raise awareness. All new residents and relatives requesting bedrails are provided with the ‘making decisions about restraint’ booklet, which provides information around making decisions around restraint, myths and evidence and restraint management. Discussions are held with the restraint coordinator (care home manager) around using all other interventions prior to using restraints. The registered nurses and caregivers were proud to provide information around being restraint free during interviews</p>

		restraints.	
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End of the report.