

# Bupa Care Services NZ Limited - Remuera Care Home

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

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

**Premises audited:** Remuera Care Home

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

**Dates of audit:** Start date: 29 April 2021 End date: 30 April 2021

**Proposed changes to current services (if any):** The service has converted one resident room to an office space reducing the total number of beds from 44 to 43.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 40



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Remuera Care Home is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 43 residents. On the days of audit there were 40 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Services 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, staff and general practitioner.

The relieving care manager has been in the role for four weeks and has experience in age care management roles. The clinical manager has been in the role since 2016. The managers are supported by the regional operations manager registered nurses and caregivers.

The service has converted one resident room to an office space reducing the total number of beds from 44 to 43.

The service continues to meet the assessed standards.

## 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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The service has a culture of open disclosure. Relatives are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code).

## Organisational management

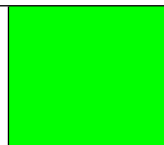
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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There is a strategic plan and annual quality, and risk management plans are in place. These define the scope, direction and objectives of the service and the monitoring and reporting processes. The relieving care home manager and the clinical manager provide leadership, both are registered nurses with a current practising certificate. The human resource management system is documented in policy with recruitment completed as per policy. A comprehensive orientation programme is in place. There is an annual training plan that is implemented which includes compulsory study days.

There is a clearly documented rationale for determining staff levels and staff mix to provide safe service delivery in the rest home and hospital. An appropriate number of skilled and experienced staff are allocated to each shift.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

The registered nurses are responsible for each stage of service provision. A registered nurse assesses plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed in resident records demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

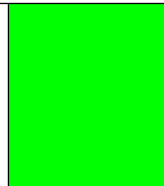
There is a varied activity programme in place. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the residents.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed met legislative prescribing requirements.

All meals and baking are done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the 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.

Bupa Remuera has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. External garden areas are available with suitable pathways, seating and shade provided.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort with the focus being on maintaining a restraint free environment. Staff receive regular education and training on restraint minimisation and around management of challenging behaviour. During the audit there was one resident using a restraint and no residents using an enabler.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and

training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Covid19 was well prepared for. Policies, procedures and the pandemic plan have been updated to include Covid19. Staff education has been completed. Resource folders are in place for staff to refer to.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	41	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 1.1.13: 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 on entry to the service. Complaints forms are in a visible location at the entrance to the facility. A record of all complaints is maintained, both verbal and written, by using the electronic Riskman system. There have been nine complaints made since the previous audit (one in 2019, four in 2020 and four for 2021, year to date). All complaints were acknowledged, investigated and resolved within timeframes information held on the electronic system demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms during admission and felt comfortable discussing issues with the management team.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an</p>	FA	<p>Three residents interviewed (two rest home and one hospital) stated they were welcomed on entry and were given time and explanation about the services and procedures. A record of family communication is held in the front of each resident's file. Ten incidents/accidents forms selected for review indicated that family were informed. The two relatives were interviewed (one hospital, one rest home) confirmed they are notified of any changes in their family member's health status.</p> <p>Clinical staff interviewed (three caregivers, two registered nurses (RNs), the activities coordinator, one health and safety representative (caregiver) felt there was good communication through the monthly staff meetings and</p>

<p>environment conducive to effective communication.</p>		<p>handovers at each shift.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Remuera provides hospital and rest home care for up to 43 residents. One bed has been decommissioned from use and used as office space. Bupa Remuera is a two-storey building with hospital and rest home services being provided on the ground floor and rest home care on the first floor. On the day of audit there were 40 residents including 19 rest home level residents and 21 hospital level residents including one resident on ACC. All resident rooms are dual purpose.</p> <p>Remuera Care Home is part of the Northern one Bupa region. The managers from this region have three forums a year where progress and problems are discussed. Weekly teleconferences and an annual all of Bupa forum, ensures continuity of service alignment and progression of business objectives. The reliving care home manager provides a weekly report to the Bupa regional operations manage.</p> <p>The service is currently managed by a relieving care home manager while a permanent care home manager is employed. The relieving manager has been in the role for five months with Bupa and four weeks at Remuera. The relieving manager has a background in age care as a registered nurse and various management roles. The clinical manager is a registered nurse and has been in her role for five years. The management team is supported by the wider Bupa management team including a regional operations manager, quality partner, property partner and a regional business analyst. The management team report staffing overall has been stable, the registered nurses have been stable for around a year and the caregiving and non-clinical staff remain relatively stable.</p> <p>The relieving care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality</p>	<p>FA</p>	<p>An established quality and risk management system is embedded into practice. Discussions with the staff reflected their involvement in quality and risk management processes. The monthly monitoring, collation and evaluation of quality and risk data is comprehensive. Quality and risk performance was reported across facility meetings and to the organisation's management team. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. The monthly monitoring, collation and evaluation of quality and risk data. 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 developed when service shortfalls are identified and signed off when completed. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and</p>

<p>improvement principles.</p>		<p>monitored by the Health and Safety Committee. A health and safety representative (caregiver) was interviewed about the health and safety programme. 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>There was an annual resident/relative satisfaction survey completed in 2020 evidenced a slight increase in satisfaction from 67/100 in 2019 to 83/100 in 2020.</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 and extra monitoring of the residents and participation in the exercise programme.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Ten accident/incident forms were reviewed for April 2021 (four rest home and six hospital). Each event involving a resident reflected a clinical assessment and follow-up by a RN. Neurological observations are conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system. The relieving care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. Notifiable information is sent to the CSI team, who review and send any section 31 notifications. There have been notifications sent for the change in management, a water shortage in 2020 and an unstageable pressure injury. There have been no outbreaks since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. There is a total of 41 staff.</p> <p>Five staff files (one clinical manager, one RN, two caregivers, and one activities coordinator) reviewed, evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals.</p> <p>Performance appraisals are completed annually for all staff. A register of registered nursing staff and other health practitioner practising certificates is maintained. The orientation programme is implemented and provides new staff with role specific training and relevant information to meet safe work practice. The orientation booklet in the files of</p>

<p>practice and meet the requirements of legislation.</p>		<p>two recently engaged staff were reviewed and evidenced that a comprehensive orientation had been completed.</p> <p>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. A compulsory education day is held four times a year for staff to attend to ensure all staff complete compulsory education sessions. The clinical manager maintains a spreadsheet of education attendance. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the DHB. On the day of the audit there were 11 caregivers who had achieved New Zealand Qualification Authority (NZQA) level 4, two had completed level 3 and five had completed level 2 NZQA.</p> <p>Registered nurses are supported to maintain their professional competency. Four of five registered nurses and the clinical manager have completed their interRAI training. All registered nurses (including the clinical manager) have completed syringe driver competencies through the Hospice and have completed relevant competencies to their role annually.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is an organisational staffing policy that aligns/includes skill mixes. Bupa Remuera has a roster in place which ensures there are adequate staffing levels to meet the acuity and safety needs of the residents. The relieving care home manager and clinical manager are available during weekdays. The relieving care home manager (RN) and clinical manager share on call after hours. Adequate RN cover is provided 24 hours a day, seven days a week.</p> <p>There is one RN on duty on the morning, afternoon and night shifts for the facility. The service is divided into the two floors. Staffing is allocated per unit, depending on occupancy and acuity.</p> <p>Upstairs there are 22 beds with 16 rest home and four hospital residents.</p> <p>On the morning shift there are three caregivers rostered; 2x 7am to 3pm, and a 'float' from 7am to 1.30pm.</p> <p>The afternoon shift has two caregivers: one from 3pm to 11pm and 1x 4pm to 10pm. There is one caregiver on duty overnight.</p> <p>Downstairs has 21 beds with three rest home and 17 hospital residents including the resident on ACC.</p> <p>On the morning shift there are four caregivers; 2x 7am to 3pm, and 2x 7am to 1.30pm.</p> <p>Four caregivers are rostered on the afternoon shift: 2x 3pm to 11pm and 2x 3pm to 9pm. There is one caregiver on duty overnight.</p> <p>An experienced activities coordinator (diversional therapist) works Sunday to Thursday and is supported by a part time activities assistant who works from Tuesday to Saturday. Interviews with residents and family members identified that staffing is adequate to meet the needs of residents.</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 electronic medication chart and any errors recorded and fed back to the supplying pharmacy. All medications were securely and appropriately stored. The medication fridge and medication room temperature have 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. Registered nurses have competencies in syringe driver use and enteral feeding.</p> <p>Ten electronic medication charts were reviewed (four rest home and six hospital including the ACC resident). Photo identification and allergy status were on all charts. All 'as required' medications were prescribed appropriately and documented indications for use. All medication charts had been reviewed by the GP at least three-monthly. Standing orders are not used. There was no expired medication on site.</p> <p>There was one resident self-administering medications at the time of audit. A competency was in place and has been reviewed three monthly, medications were stored securely in the resident's room.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The head cook oversees the food services and is supported by kitchen staff on duty each day. The four weekly national menus have been audited and approved by an external dietitian. There is an approved food control plan. The main meal is at lunch time. All baking and meals are cooked on-site in the main kitchen. The main dining room is downstairs adjacent to the kitchen, meals are served directly to the residents in the dining room and are transported to resident rooms in hot boxes. End cooked food temperatures are recorded on each meal daily. Temperatures are recorded on all chilled and frozen food deliveries. 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. Cleaning schedules are maintained.</p> <p>The kitchen 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>There is a current food control plan in place.</p> <p>Residents interviewed on the day of the audit were all complimentary of the meals.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required a GP visit. There are a range of specialists available to Remuera such as the wound care specialist, Hospice, respiratory nurse, continence and infection control.</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</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>There were 17 wounds on the day of the audit (four rest home residents including one resident with four wounds and seven hospital residents including one resident with three wounds) wounds included eight chronic ulcers, two abrasions, three cancerous lesions, one skin tear, and three due to skin conditions.</p> <p>Wound charts contain assessments, plans and evaluations which document progression and deterioration of the wound healing process. Short-term care plans were in place for all wounds. Evidence of GP, dietitian, physiotherapist, and wound care nurse specialist input into wound care was documented in resident files. Recommendations made were evidenced to be implemented. Residents and relatives interviewed reported their needs were being met. There was documented evidence of relative contact. Monitoring charts were in use; examples sighted included (but were not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required. Weight monitoring is recorded monthly.</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 activities team is led by an experienced activities coordinator (diversional therapist) who works Sunday to Thursday 8am to 5pm Monday, Wednesday and Thursday, and 8am to 4.30pm Tuesday and 8am to 3.30pm on Sunday. She is supported by an activities assistant who works Tuesday to Saturday from 9.30am to 2.30pm. The activities team all have a current first aid certificate.</p> <p>Activities take place predominantly in the downstairs lounge. The monthly planner includes a range of activities and includes entertainers, special events and celebrations. There are regular quizzes, group games weekly trips and arts and crafts, Tai-Chi, music therapy and mindfulness.</p> <p>Recently, Anzac Day was observed and celebrated with a church service, the facility was decorated in a war time theme and an Anzac 'hall' dinner was held including input from the kitchen staff.</p> <p>On or soon after admission, a social history is taken and information from this is fed into the care plan and this is reviewed six-monthly as part of the care plan review/evaluation and a record is kept on individual resident's activities. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the long-term care plan and was reviewed at the same time as the care plan in all resident files reviewed. Residents have the opportunity to provide feedback at the bi-monthly residents meetings and provide regular verbal feedback to the activity coordinators.</p> <p>The facility has a van which is used for outings and can take two wheelchairs. The maintenance person drives the van, and a member of the activities team accompanies residents on outings. Residents were observed to be participating in a quiz and group games. The residents had mixed comments around activities during interviews, the management team and activities assistant report the activities programme is currently under review. Relatives</p>

		reported there were a variety of activities on offer.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by registered nurses at least six-monthly. The multidisciplinary review involves the RN, GP, diversional therapist and resident/family. Relatives are notified of the outcome of the review if unable to attend. There is at least a three-monthly review by the medical practitioner. The relatives interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p> <p>Written evaluations describe the resident's progress against the residents 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 concern.</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>	FA	<p>A current building warrant of fitness certificate is posted at the entrance to the facility which expires 25 June 2021.</p> <p>Reactive maintenance and a 52-week planned maintenance schedule is in place and has been maintained. The hot water temperatures are monitored on alternate weeks and maintained between 43-45 degrees Celsius. There are contractors for essential service available 24/7. All equipment has been tagged, tested and calibrated regularly.</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. The external areas are well maintained with seating and shaded areas. There is wheelchair access to all areas. The service has converted a previous resident's room into an office space reducing the total number of beds from 44 to 43.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified</p>	FA	<p>Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control coordinator (clinical manager). This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infection statistics are included for benchmarking. Corrective actions are established where infections are above the benchmark. All infections are documented monthly in an infection control register. There was a spike in urinary tract infections in March, corrective actions were implemented, and urinary tract infections are tracking downwards in April (to date of the audit).</p> <p>The service has process and procedures implemented to manage the risk posted by Covid -19. Bupa implemented teleconferences during Covid- 19 lock down to ensure staff have the most up to date information these are now</p>

in the infection control programme.		approximately monthly. Additional education has been provided around personal protective equipment (PPE) and 100% of staff have attended. Resource folders are easily accessible for staff to access. Wellness forms and track and trace procedures remain in place in line with current guidelines.
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Interviews with the staff confirmed their understanding of restraints and enablers. At the time of the audit, the service had one resident using bedrails as restraint and no residents with an enabler. Consents were signed by the activated enduring power of attorney (EPOA) assessments were completed and included risks associated. The residents care plan included interventions around restraint use. Monitoring forms were maintained as instructed in the care plan. Staff training around restraint minimisation and management of challenging behaviours is completed annually.



## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.