Bupa Care Services NZ Limited - Winara Rest Home

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:	Winara Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 30 September 2021 End date: 1 October 2021

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 77

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Winara Care Home is a Bupa residential care facility. The facility is a purpose-built building that has a total of 86 beds. The service is certified for hospital (geriatric and medical), rest home and dementia care. Occupancy on the day of audit was 77 residents.

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

Winara Care Home is managed by a care home manager who has been in the role since March 2021. She is supported by a clinical manager. The care home manager and clinical manager are supported by registered nurses and a Bupa regional operations manager. Staff spoke positively about the support/direction and management of the current management team.

There is a quality and risk management system. There is a business continuity plan in preparation for any risks related to Covid-19. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided.

All shortfalls identified at the previous audit had been addressed.

The surveillance audit identified one improvement required related to staff training.

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.

The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

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.		Some standards applicable to this service partially attained and of low risk.

Winara Care Home has the organisational quality and risk management system that supports the provision of clinical care. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Quality activities are conducted, and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters.

Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. Human resources are managed in accordance with good employment practice. An orientation programme is in

place for new staff. An education and training schedule is in place. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

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

A comprehensive information booklet is available for residents/families at entry which includes information on the service philosophy, services provided and practices relevant to the secure dementia unit. The care home manager takes primary responsibility for managing entry to the service with assistance from the clinical manager. Initial assessments are completed by a registered nurse, including interRAI assessments. The registered nurses complete care plans and evaluations.

Care plans reviewed are based on the interRAI outcomes and other assessments. Families interviewed confirmed they are involved in the care planning and review process. There is a minimum of a three-monthly resident review by the general practitioner.

There is a group activity programme and individual activity plans have also been developed in consultation with family. The activity programme includes meaningful activities that meet the recreational needs and preferences of the dementia, rest home and hospital level residents.

Medicines are stored appropriately. There are regular visits and support provided by the community mental health team, psychogeriatrician and other allied health professionals.

All meals are prepared on site. Resident's individual food preferences, dislikes and dietary requirements are met. Nutritional snacks are available over a 24-hour period.

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.

Winara Care Home has a current building warrant of fitness and reactive and preventative maintenance occurs. All equipment is tagged and tested annually. There is easy access to all internal and external communal areas with seating and shade provided in the garden areas. The dementia area is secure.

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.

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. There were no residents using any restraints or enablers at the time of the audit. Staff receive education on restraint minimisation.

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. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been two outbreaks since the previous audit, both of which were reported and managed appropriately.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	17	0	1	0	0	0
Criteria	0	47	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	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. The care home manager maintains a record of all complaints, both verbal and written, by using the RiskMan system. Four complaints made in 2020 and ten complaints received in 2021 year to date were reviewed with evidence of appropriate follow-up actions taken. Documentation including follow-up conversations and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Complaints are rated one to four on a severity risk scale, with level one complaints assessed as low-level risk. All but one complaint was rated one or two on the scale. A complaint made through HDC in January 2021 is currently being investigated and is still open. There was evidence of an implemented quality improvement plan related to medication education, following an initial response to HDC. . Fourteen staff interviewed (three registered nurses, one kitchen manager, one kitchen assistant, one DT, one activities coordinator, one activities assistant, five caregivers, one maintenance manager) confirm complaints are discussed at staff meetings and any corrective actions required were implemented and signed off. The shortfall identified at the previous audit had been addressed Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms.

Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Ten incidents/accidents forms selected for review indicated that family/whānau were informed. Three residents (rest home level of care) interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Three relatives (one hospital, one rest home and one dementia level of care) interviewed stated that they are kept informed when their family member's health status changes. A monthly newsletter is produced for residents and relatives keeping them informed on facility matters and activities. An interpreter policy and contact details of interpreters is available. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. A site-specific introduction document to the dementia unit provides information for family, friends and visitors to the facility. Family members interviewed stated they receive information related to Covid-19 prevention strategies including limited visiting hours.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Winara Care Home is part of the Bupa group of care homes. The service provides care for up to 86 residents at hospital, rest home and dementia level of care. There is a 24-hospital bed unit, 41 rest home bed unit (Fieldview and Seaview wing) including eight dual purpose beds and a 21-bed dementia care unit (Windsor). On the day of the audit there were 77 residents in total. There were 31 hospital residents including eight residents in the dual-purpose beds in the rest home, 26 rest home residents. There were 20 dementia residents in the dementia unit. All residents were under the age-related residential care (ARRC) contract. There were no short-term care residents. Winara Care Home is managed by a care home manager who has been in the role since March 2021 and has been at Bupa for two years. She is currently supported by a clinical manager who has been in the role for two weeks but been in various clinical roles at the hospice and DHB. The previous clinical manager transferred to another facility after twelve years at Winara Care Home. The care home manager and clinical manager are supported by a Bupa regional operations manager (who was not present at the time of the audit). Staff spoke positively about the support/direction and management of the current management team. A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Winara Care Home develops and implements quarterly quality reports on progress toward meeting quality goals, these are forwarded to Bupa continuous service improvements (CSI). The regional operations manager visits monthly and there are fortnightly regional care home manager zoom meetings. There were quality goals which also link to the organisation's quality and health and safety goals. There is a business continuity plan for 2021/2021 to include preparedness and response to Covid-19. The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service.

Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The Bupa quality and risk management programme is being implemented at Winara Care Home. Interviews with the managers and staff reflected their understanding of the quality and risk management systems. There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed at head office. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Winara Care Home is benchmarked against Bupa rest home, hospital and dementia level of care data. Corrective action plans are established and implemented for indicators above the benchmark. Quality indicator data is collected in RiskMan (eg, falls, medication errors, antipsychotic drug usage, wounds, skin tears, pressure injuries, complaints) are collected, collated, and analysed with results communicated to staff. Interviews with staff confirmed that there is discussion about quality data at various meetings. An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by either the care home manager or clinical manager when implemented. There are a range of meetings that include monthly head of department, quality, health and safety, infection control meetings, along with regular and diarised meetings such as clinical/RN, staff, kitchen, and activity staff meetings. A resident/relative satisfaction survey was completed in May 2021 with feedback analysed, which reflected positive comments from relatives and residents. The overall satisfaction result for the 2021 was 94%. Corrective actions have been established around improving roster consistency. Residents/relatives were informed of the survey results in a newsletter and at the quarterly resident/relative meeting. The health and safety programme includes a specific and measurable health and safety goal that is developed by head office and the care home manager will establish site-specific goals. Health and safety goals are regularly reviewed. A health and safety representative (maintenance manager) was interviewed about the health and safety programme. The health and safety committee meet monthly and hazard management is discussed. There is a current hazard register in place and was reviewed in August 2021. All new staff and contractors undergo a health and safety orientation programme. There is annual health and safety training and updates as part of the education planner. A health and safety staff noticeboard keeps staff informed on health and safety matters and displays health and safety committee minutes. Bupa belongs to the ACC Accredited Employers Programme and have attained the tertiary level. Falls prevention is discussed each month and there is a specific action plan in place for falls minimisation. Individual falls minimisation is documented in resident's care plans.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are	FA	Individual reports are completed for each incident/accident, with the immediate action noted and any follow-up action(s) required. Ten accident/incident forms for July and August 2021 were reviewed. Each event involving a resident reflected an initial clinical assessment by a registered nurse (RN) and follow-up action and corrective actions implemented and signed off. Episodes of behaviours that challenge were documented through the incident/accident process and included family communications. Neurological observations were documented for three unwitnessed falls with or without a suspected head injury. Incident/accident data is linked to the organisation's

systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.		quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends. Discussions with the care home manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been five notifications completed year to date including notification of new clinical manager, one unstageable pressure injury (July 2020), missing person (September 2021), and two respiratory outbreaks (June and August 2021).
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Seven staff files reviewed (one recently employed clinical manager (orientation only), two registered nurses, two caregivers, one activities coordinator and one cook) evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates including all health professionals involved in the service is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. Staff interviewed believed new staff are adequately orientated to the service. There is an annual education and training plan that exceeds eight hours annually. Full study days are held quarterly and include contractual compulsory training requirements. Toolbox talks are included as part of the staff meetings for any updates/topical concerns. There is an attendance register for each training session and an individual staff record of training. The RNs are encouraged to complete competent level of the Bupa professional development recognition programme. There are implemented competencies for RNs including (but not limited to) medication administration, insulin administration, controlled drug administration, moving & handling, oxygen administration, restraint, wound management and syringe driver. Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). Winara Care Home has 15 RNs in total and thirteen have completed interRAI training, two are currently enrolled. There are 43 caregivers in total and completed Careerforce training as follows; thirty-four have completed level three and four and nine have completed level two training. There are eleven caregivers and two activities assistants who work routinely in the dementia unit however, not all have completed the unit standards required under E4.5(f) of the Age-Related Residential Care Services Agreement (ARRC).
Standard 1.2.8: Service Provider	FA	The staffing levels meet contractual requirements. The care home manager and the clinical manager are on duty Monday to Friday and on-call after hours. Sufficient numbers of caregivers' support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory and increased to manage resident acuity and

Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.		occupancy. At the time of the audit there were 77 residents in total, 31 hospital residents, 26 rest home residents and 20 dementia level care residents. Staffing levels are as follows: Rest home unit (Fieldview and Seaview wing): 41 beds (8 dual purpose), there were 8 hospital level residents and 26 rest home residents. There is a RN from Monday to Sunday am, pm and night shift and four caregivers (three long shifts and one short shift [7 am-1 pm]) in the morning, three caregivers (two long shifts and one short shift [4.30 pm-9.30 pm]) on the afternoon shift and one caregiver at night. Hospital unit: 24 beds, there were 23 hospital residents: There is a RN from Monday to Sunday am, pm and night shift who is supported by four caregivers (four long shifts) on the morning shift, four caregivers (four long shifts) on the afternoon shift and one caregiver at night. Windsor dementia unit: 21 beds, there were 20 dementia care residents. There is a RN three days a week either am or pm shift (Monday, Wednesday and either Saturday or Sunday) who is supported by four caregivers (four long shifts) on the morning shift, and three caregivers (two long shift and one short shift [4 pm-9 pm]) on the afternoon shift and two caregivers at night. The RNs from the rest home will oversee the dementia unit on the shifts where no RN is allocated. The service will also add one senior medication competent caregiver to the roster on the days when there are no RN allocated to the dementia unit. Activities staff are allocated to the rest home (Monday to Friday 9 am to 5 pm), hospital (Monday to Friday 9.30 am to 4pm) and dementia care unit (Monday to Sunday 10 am to 5 pm). There are designated food services staff, cleaning and laundry staff seven days a week.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were five residents self-administering on the day of audit. All legal requirements had been met. There are no standing orders in use. There are no vaccines stored on site. All clinical staff (RNs, and senior caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses, and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored, and medication fridge and medication room temperatures are monitored daily, with temperatures being within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. Staff sign for the administration of medications electronically. Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly.

		Each drug chart has a photo identification and allergy status identified. 'As required' medications had indications for use charted.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals at Bupa Winara are prepared and cooked on site. There is a current food control plan (expires 22 September 2022), a four-weekly rotating seasonal menu with dietitian review and audit of menus. The menu is adapted to ensure resident's food preferences are considered. Finger foods and snacks are available for residents over a 24-hour period. Meals are prepared in the main kitchen and sent to the wings in temperature controlled hot boxes. The kitchen manager, chef and kitchen staff are trained in safe food handling and food safety procedures are adhered to. Adapted cutlery, sipper cups and lipped plates are available for resident use. Dietary profiles are completed on admission and likes and dislikes and any changes to dietary needs are communicated to the kitchen via the RNs. A dietitian is available on request. Supplements and fortified foods are provided to residents with identified weight loss issues. The kitchen manager (interviewed) is familiar with all residents' likes and dislikes and those residents with specific dietary needs. Relatives confirmed on interview, that there are always snacks, fruit and sandwiches available for residents to eat, these being replenished as required by staff. Relatives also reported that meals are well presented, and that staff assist those residents who require help with food and fluid intake.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Six resident care plans were reviewed. The files reviewed included an up to date interRAI assessment. The interRAI assessments had informed the development of the resident's care plan and the resident centred care plans described in detail the individual support and interventions required to meet the residents' goals. The previous finding regarding care plans describing the current health status of residents and the support required to reach their individual goals had been addressed Care plans demonstrate service integration and include input from allied health practitioners. All six plans sampled evidenced appropriate interventions and updates to long-term care plans. Between the six residents, three short-term plans had been used recently to give accurate interventions for their changing conditions. Residents and relatives confirmed they are involved in the care planning and review process. Caregivers reported that handovers were comprehensive and that they are aware of resident needs.
Standard 1.3.6: Service Delivery/Interventions Consumers receive	FA	Residents' care plans continue to be completed by the RNs. When a resident's condition alters, the RN initiates a review and if required, GP, mental health services or other allied health consultation. A dietitian, district nurse and hospice nurse visit by referral and a podiatrist visits residents' regularly. The family members interviewed stated they are kept informed of the residents' health status and have the opportunity to meet with the GP if required.

adequate and appropriate services in order to meet their assessed needs and desired outcomes.		Continence products are available and resident files include a urinary continence assessment, bowel management and the continence products that are required are identified. Adequate dressing supplies are available. Wound management policies and procedures are in place and weights are recorded at least monthly. The wound register currently includes four stage two pressure injuries (three facility acquired) and one stage one pressure injury (facility acquired). Pressure injuries have been entered on to RiskMan as part of the incident reporting process. Other wounds include three cancerous lesions, one chronic ulcer, two skin tears, one dermatitis, two haematomas. All wound documentation reviewed was fully completed. There was evidence of wound nurse specialist and GP involvement in chronic wound and pressure injury management. There is a comprehensive range of monitoring forms available for use and these have been completed as per policy, including neurological observations. The previous finding relating to the completion of neurological observations for unwitnessed falls had been addressed. The care team and activities staff interviewed were able to describe strategies for the provision of a low stimulus environment in the dementia unit where required.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The service employs one diversional therapist (DT), one activity coordinator and two activity assistants planning and leading activities in the home. They cover rest home and hospital activities Monday to Friday, with weekend activities being planned by the team and facilitated by care staff on duty with activity resources set up on trolleys in each area that residents and families can also independently access as they wish. Activities occur in the dementia unit seven days per week and each resident has an individual 24-hour activity plan. There are set Bupa activities including themes and events which the activities team add to in order to individualise activities to resident need and the diverse range of abilities within the facility. A weekly activities calendar is distributed to residents, posted on noticeboards and is available in large print. This is also emailed to families. On the days of audit residents were observed participating in activities. The activities team seeks verbal feedback on activities from residents and families to evaluate the effectiveness of the activity programme, enabling further adaptation if required. Residents interviewed were positive about the activity programme. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. There are weekly outings to places chosen by the residents and there are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day, Anzac Day and other cultural festive days are celebrated. There are visiting community groups such as pet therapy and various denominational church groups. The activity team provide a range of activities which include (but are not limited to) exercises, walks outside, crafts, games, quizzes, entertainers, cooking and bingo. Care plans for residents in the dementia unit include activities over a 24-hour period which can be used to minimise, distract or de-escalate behaviours. The activity team are involved in the admission process, completing the initial activities assessment, and have input into the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. An

		activities plan is completed within timeframes, a monthly record of attendance is maintained, and evaluations are completed six-monthly. Those residents who prefer to not to participate in communal activities receive one-on-one visits and individualised activities according to their preferences.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	In the residents' files reviewed, all initial care plans have been documented and evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six-monthly or earlier for any health changes. Evaluation includes documenting progress towards the achievement of the intended goals. The multidisciplinary review involves the RN, GP, community mental health team (as required), activities staff and family. The family are invited to attend and/or are notified of the outcome. Ongoing nursing evaluations occur daily/as indicated and are documented within the progress notes.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness that expires 22 July 2022. The building has two levels with the laundry only located in the basement. There is a lift for laundry purposes only. The eight dual purpose rooms are located in the rest home, two in Fieldview wing and six in Seaview. Rooms are located near the nurses' station and in easy distance from the hospital unit. The service employs a full-time maintenance person who is a health and safety representative. The maintenance person ensures daily maintenance requests are addressed and a planned annual maintenance schedule is maintained. The shortfall identified at the previous audit related to the maintenance plan has been addressed. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration and functional checks of medical equipment is completed by an external contractor. The maintenance person carries out regular checks of transferring equipment, beds and call bells. Hot water temperatures in resident areas are monitored. Temperature recordings were reviewed, and corrective actions had been taken for temperatures over 45 degrees Celsius. The facility has wide corridors with rails and sufficient space for residents to safely mobilise using mobility aids or for the use of hoists and hospital recliners on wheels. There are quiet, low-stimulus areas in all the units that provide privacy when required. There is safe access to the outdoor areas. Seating and shade are provided. The dementia unit is secure and provides a homelike therapeutic environment with an open plan dining/lounge area for visual access and smaller quieter spaces for the control of stimuli. The internal spaces and external courtyard is design for planned wandering.

		There have been several refurbishment projects completed since the last audit included painting, wall panelling, purchasing of new equipment. A proposed refurbishment of the rest home dining room has been approved. The caregivers and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service May 2011. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted (last 19 July 2021). A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility including sufficient stock of PPE. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. The service has an emergency supply of three 4000 litre water tanks. The previous shortfall related to inadequate water supplies has been addressed. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. There are CTV in the communal areas. Staff confirmed security arrangements are in place after dusk.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer (registered nurse) was recently appointed and with oversight of the care home manager uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control officer. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly. Meeting minutes are made available to staff. Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control officer. Infection control data is collated monthly and discussed at the staff meetings. The infection control programme is linked with the quality management programme. Two respiratory outbreaks occurred in 2021, affecting three and seven residents respectively. Both were reported to public health, contained and managed appropriately. Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. The majority of residents have received both doses of the Pfizer Covid-19 vaccine with staff vaccination ongoing in

		conjunction with the local DHB. Residents and staff are offered the influenza vaccine. Covid-19 scanning/manual sign in is mandatory on entry to the facility and the use of face masks is required as part of level 2 restrictions. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP and internal Bupa infection control specialist who advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.
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. On the day of audit, the service had no residents using any restraints or enablers. Staff receive training around restraint minimisation and the management of challenging behaviours.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	The annual training schedule for 2021 is on track and ongoing. Staff interview confirmed the Bupa dementia care advisor provided recent education sessions on Person first and Dementia second philosophy of care. Staff education records reviewed, confirmed that all staff employed in the dementia unit completed education related to dementia delirium and depression, management of challenging behaviour and restraint minimisation and competencies. Staff were observed in the dementia unit to calmly de-escalate behaviour of concern. Seven of eleven caregivers and two activities assistants employed to work in the dementia unit have completed the required dementia standards under clause E4.5(f) of the ARRC.	Four of eleven caregivers that have been employed for more than 18 months, and directly involved in the dementia unit have not yet enrolled to commence the dementia standards.	Ensure each caregiver directly involved in the dementia unit is enrolled to commence the dementia standards.

				90 days

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.

No data to display

End of the report.